



COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT
and SCHOOL HEALTH SERVICE

For the Year 1958



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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Alderman Mrs. M. Broom

Vice-Chairman:

Councillor Mrs. V. Muncy

The Mayor

Alderman Mrs. C. Leyland, O. B. E.

Councillor Mrs. H. Crawford

Councillor Miss R. E. Currie

Councillor Mrs. W. M. Dalwood

Councillor C. P. Elmore,

A. M. Inst. W. & H. S.

Councillor A. E. Hill, J. P.

Councillor D. W. Horner,

Councillor A. H. Pilkington

Councillor Mrs. G. Poole

Councillor E. J. Simpkins

Councillor S. A. Telford

Councillor Mrs. C. J. M. Warry

Co-opted Members:

G. Foster-Taylor, Esq.

Dr. C. A. G. Cato

Mrs. L. R. Lewis

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with
G. Foster-Taylor, Esq. Revd. J. D. Mann, M. A. and M. Hogg, Esq.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with
Mrs. L. R. Lewis, Dr. C. A. G. Cato and Miss E. Fowler.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with
Mesdames L. R. Lewis and F. E. Monk, and Miss E. Fowler

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Councillor L. W. Johnson

Vice-Chairman: Alderman Mrs. M. Broom

The Mayor

Alderman H. N. Bride

Councillor Mrs. H. Crawford

Councillor Mrs. W. M. Dalwood

Councillor Miss R. E. Currie

Councillor D. W. Horner

Alderman Mrs. C. Leyland, O. B. E.

Alderman A. V. Mussett

Councillor Mrs. V. Muncy

Councillor E. W. Penn, T. D., A. C. I. I.

Councillor Mrs. G. Poole

**Municipal Health Centre,
Warrior Square,
Southend-on-Sea.**

Telephone: Southend 49451

ANNUAL REPORT

This report is compiled in accordance with Ministry of Health Circular 22/58.

It records the achievements of my staff, which are made possible by the consideration and support we continue to receive from the Committees we serve.

To both I am more indebted than I can say.

J. Swinman Holmes.

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS, 1958.

POPULATION

Census 1951	...	...	...	...	...	151,806
At mid-year 1958	as estimated by Registrar General					158,100
At mid-year 1939	as estimated by Registrar General					137,800

			SOUTHEND- ON-SEA	England and Wales.	London Administrative County
Births: Live-		Rates per 1,000 population			
Total		2,157	14.46+	16.4	16.7
Males	1,089				
Females	1,068				
		Rates per 1,000 Total Births			
Births: Still-					
Total		44	20.000	21.6	20.2
Males	25				
Females	19				
Births: Live & Still-					
Total		2,201			
Males	1,114				
Females	1,087				
		Rates per 1,000 Live Births			
Deaths from all causes under 1 year of age					
Total		36	16.69	22.5	22.6
Males	23				
Females	13				
		Rates per 1,000 Live Related Births			
Legitimate		36	17.75		22.1
Illegitimate		-	-		26.8
Neonatal deaths (1st 4 weeks)					
		Rate per 1,000 Live Births			
Total		23	10.66	16.2	16.7
Males	14				
Females	9				
Illegitimate Live Births					
		Rate per cent of Total Live Births			
Total		129	5.98		9.8
		Rates per 1,000 Total Births			
Women dying in, or in consequence of, childbirth:		-	-	0.43	0.60
		Rate per 1,000 Live Births			
Deaths from Enteritis and Diarrhoea under 2 years of age		-	-	0.44	0.35
		Rates per 1,000 Population			
Deaths:					
Total		2,239	11.89+	11.7	11.8
Males	1,066				
Females	1,173				

SOUTHEND-ON ON-SEA	England and Wales	London Administrative County
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Rates per 1,000 Population

Deaths from:				
Whooping Cough	-	-	0.00	0.00
Diphtheria	-	-	0.00	0.00
Respiratory Tuberculosis	7	0.04	0.09	0.12
Influenza	3	0.02	0.05	0.05
Acute Poliomyelitis	1	0.00	0.00	0.00
Pneumonia	95	0.60	0.53	0.70
Cancer of Lung and Bronchus	104	0.66	0.44	0.64
Males	88	1.26	0.78	1.14
Females	16	0.14	0.12	0.19

- NOTE 1 The rates marked + are adjusted rates, being calculated by multiplying the "crude" rates by comparability factors, namely Births 1.06, Deaths 0.84.
- 2 The rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional."

POPULATION

The estimated mid-year population was 158,100 being 1,300 more than mid-1957.

BIRTHS

There were 2,157 live births, the highest total since 1949 and 66 more than in 1957. Our expectations concerning the relative stability of the figure continue to be fulfilled.

Illegitimate births totalled 129, 2 more than last year, and the highest total since 1952.

Stillbirths

The 44 stillbirths registered during the year were 5 more than in 1957, representing 20.0 per thousand total births.

DEATHS

The deaths of 2,239 residents were registered during the year, the comparable figure for 1957 being 2,142. Male mortality rose by 38 to 1,066 and female mortality by 59 to 1,173.

Tuberculosis

There were 7 deaths from pulmonary tuberculosis (3 males and 4 females,) a decrease of 10 on the last year. The rate, 0.04 per thousand population, is a third of the London rate of 0.12 and less than half the rate for England and Wales, which is now 0.09.

Cancer

There were 422 deaths (218 males and 204 females), 3 more than in 1957. As will be seen from the figures below, the inexorable rise in deaths from lung and bronchial cancer goes on, and no one can say when it will be arrested.

Lung and Bronchus Cancer

<i>Year</i>	<i>Males</i>	<i>Female</i>	<i>Total</i>
1950	37	12	49
1951	70	14	84
1952	74	14	88
1953	61	9	70
1954	58	12	70
1955	43	3	46
1956	81	16	97
1957	89	12	101
1958	88	16	104

Vascular Lesions of the Nervous System

There were 327 deaths (116 males and 211 females) from these causes.

Heart Diseases

These caused 817 deaths (394 males and 423 females), 92 more than in 1957. It is of interest to note that deaths attributed to coronary disease and angina rose by 55 to 469, and those ascribed to hypertension with heart disease by 3 to 61.

Violence

Motor vehicle accidents caused 16 deaths (8 males and 8 females).

All other accidents caused 44 deaths (20 males and 24 females) being 2 fewer than in the previous year. Deaths from suicide fell from 24 to 17. Of these, 1 male was between the age of 25 and 45, 3 between 45 and 65 and 2 were over 75. Of the female suicides, 1 was in the age group 25 - 45, 4 were between 45 and 65, 4 between 65 and 75 and 2 were over 75.

Infant Mortality

Deaths registered in the first year of life totalled 36, 4 fewer than in 1957. The rate of 16.69 compares favourably with the national rate of 22.5 and the Administrative County of London rate of 22.6 but closer examination tempers one's satisfaction.

Our neonatal mortality rate is 5.54 per 1,000 less than the national average, while our total infantile mortality is 5.81 below the national figure. The significance of these figures is that while our neonatal mortality reflects great credit on the maternity services, both institutional and domiciliary, as regards loss of life during the remainder of the first year of life we cannot congratulate ourselves that we have any better record than the country as a whole.

Maternal Mortality

For the second time in the history of the Borough no woman died from maternal causes.

Deaths of Children of School Age

There were 6 deaths of children aged 5-15, the same number as in 1957 - 5 boys and 1 girl.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole Time.

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health, Principal School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.) D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.) M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.) L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D. Obst. R.C.O.G., Assistant Medical Officer of Health, School Medical Officer.

Marion Harrison, M.B., B.S. (Durham), D.P.H., Assistant Medical Officer of Health; School Medical Officer, from 15.9.58.

William Ivan Glass, M.B., Ch.B., Assistant Medical Officer of Health; from 24.2.58 to 31.7.58.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Principal School Dental Officer.

Medical Staff and Dental Staff: Part time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E. G. Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecila Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and Shoeburyness Infant Clinic.

Keith Edwin Mortimer, M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Richard John Cremer, M.B., B.S., D.C.H. Medical Officer, Southend Infant Centre (Paediatric Registrar, General Hospital, Southend-on-Sea.) until 31.1.58.

Agnes Margaret Maclean, M.B., B.S., D.Ch., Medical Officer, Southend Infant Centre (Paediatric Registrar, General Hospital, Southend-on-Sea) from 15.5.58.

G. Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Principal Lay Officer, Chief Clerk and Ambulance Officer;

Ernest A. Beasant.

Deputy Chief Clerk;

W. Knowles.

Senior Administrative Assistant;

S. F. Jupp,

Health Visitors and School Nurses;

Superintendent: Miss E. M. M. Roberts (a), (b), (c), (cc), (h).

Miss M. N. Withams (a), (b), (c), (cc).

Miss D. E. Stevens (a), (b), (c), (d).

Mrs. A. M. Hart (a), (b), (c), (e).

Miss F. L. Blackbourn (a), (b), (c).

Mrs. J. M. Fairfax (a), (Ib), (c), (i).

Mrs. U. MacGrath (a), (b), (c), (h).

Miss M. Brennan (a), (b), (c), (d).

Miss J. M. Gaillard (a), (Ib), (c).

Miss E. J. Watson (a), (Ib), (c). Resigned 10.7.58.

Miss M. E. Bryant (a), (b), (c). Resigned 31.5.58.

Miss M. W. Nichols (a), (b), (c), (d). Resigned 26.10.58.

Miss K. Noonan (a), (b), (c), (d), (e).

Mrs. L. Roshier (a), (Ib), (c).

Miss M. A. L. Fowles, (a), (b), (c). Appointed from Training 6.1.58,
Resigned 30.4.58.

Miss P. M. Reeves (a), (b), (c). Appointed from Training 6.1.58.

Miss R. G. H. Payne (a), (b), (c). Appointed from Training 11.8.58.

Student Health Visitors Under Training:

Miss M. M. Braun (a), (b), (c). Appointed 6.1.58.

Miss D. E. Bicknell (a), (b). Appointed 15.9.58.

Miss J. N. Hoare (a), (b), (h). Appointed 22.9.58

Tuberculosis Health Visitor:

Mrs. C. M. Wilson (a), (b), (c).

Municipal Midwives:

Miss K. Boosey (b).

Miss W. M. Randall (a), (b).

Mrs. P. Priest (b).

Miss R. Hodges (b).

Mrs. C. M. Guildford (a), (b).

Mrs. S. A. Franklin (a), (b).

Miss O. M. Cooper (a), (b), (j).

Miss D. A. I. King (a), (b).

Miss V. F. Dermott (a), (b), (d).

Mrs. M. I. Laker (a), (b), (d).

Mrs. S. E. Pelikan (a), (b). Resigned 30.4.58.

Miss I. A. Milne (a), (b). Appointed 1.9.58.

District Nurses:

Full-time Staff:

Superintendent of District Nurses and Midwives,

Miss D.G.Head, (a), (b), (c), (d).

Deputy Superintendent of District Nurses and Midwives,

Miss G.M.Willcocks (a), (b), (c), (d), (h).

Miss C.Gallehawk (a).

Mrs.R.R.Clark (a), (d).

Miss F.Poskitt (a), (h).

Mrs.A.L.Ventris (g).

J.Guildford, (a), (d).

E.Stephenson (a), (d).

Miss W.M.Haines (a).

F.J.Sinn (a), (d).

Miss V.H.Hart. (a), (d),

Miss W.M.Bartlett (a), (b), (d). Resigned 13.9.58.

Miss S.M.Cossham (a), (d).

Miss B.E.Bourdon (a), (Ib). Resigned 11.10.58.

Miss V.A.Hicks (a), (Ib), (d).

Mrs.E.B.Beckwith (a).

Miss J.Banks (a), (b).

Miss B.E.Hobbs (a), (b), (d).

Miss D.Burton (a), (d)

Miss J.Gammon (a), (b), (d), Resigned 16.7.58.

Miss D.Bicknell (a), (b). Resigned 14.9.58.

Mrs.R.Blake (a).

Mrs.A.Hillman(e).

R.G.Borley (a).

Miss N.Grant (a), (b), (d).

Mrs.E.Dollemore (a).

Miss G.M.Simpson, (a), (b), (d).

Miss D.M.Feldman (a). Appointed 10.11.58.

Mrs.E.May (a), (b). Appointed 18.8.58, Seconded to Midwifery
from 1.9.58.

Mrs.F.V.Monk (a), (b). Appointed 4.9.58 (previously part-time).

Part-time Staff:

Mrs.V.M.Baker (a), (b).

Mrs.C.Cumberland (a).

Miss H.Maddox, (a).

Mrs.I.Beckwith (a).

Mrs.B.Brown (a) Resigned 26.11.58.

Mrs.C.Jolly (a).

Mrs.M.Walters (a).

Mrs.M.Marsh (a). Resigned 15.9.58.

Mrs.M.I.Hemmings (a).

Mrs.H.Riley (a), (b) Resigned 5.9.58.

Mrs. S. Thomas (a). Resigned 5.2.58.
Mrs. A. Ayres (a). Appointed 20.10.58.
Mrs. E. D. Dawson (a). Appointed 5.2.58.
Mrs. P. Borley (a). Appointed 11.8.58.

a = State Registered Nurse.
Ib = Part I, Midwifery Certificate,
b = State Certified Midwife.
c = Health Visitor's Certificate.
cc = Battersea Polytechnic Health Visitor's Diploma.
d = Queen's Nurse.
e = Certificate of R.M.P.A.
f = State Registered Mental Nurse.
g = State Enrolled Assistant Nurse.
h = State Registered Fever Nurse.
i = Diploma in Social Studies, University of London.
j = Midwife Teacher's Diploma.

Chief Public Health Inspector:

R. A. Drake, B. E. M., F. R. S. H.

Deputy Chief Public Health Inspector:

A. C. Arnold (k), (l).

Public Health Inspectors:

E. A. Smith (k), (l).
A. E. Riches (k), (l).
A. G. Nightingale, (k), (l).
D. G. Paterson, (k), (l).
L. G. Owen (k), (l).
D. J. Gwynn (k), (l). Resigned 5.1.58.
G. L. Cline (k), (l).
D. H. Gilkes (k).
J. H. Bullock (k). Appointed from training 24.7.58.
E. D. Long (k). Appointed from training 24.7.58.
J. E. H. Hillier (k). Appointed from training 24.7.58.

Pupil Public Health Inspectors:

M. E. Salmon.
A. F. Barnard.
D. F. Edge.
J. A. Griffin. Appointed 15.9.58.

Hygiene Assistant:

G. C. Reynolds.

Rodent Officer:

G. Wheeler.

K = Certificate of R. S. H. and Sanitary Inspectors
Examination Joint Board.

l = Certificate of R. S. H. for Inspection of
Meat and Other Foods.

Home Teachers to the Blind:

Miss N. G. Westby, Certificated Home Teacher.
Miss P. E. Spurway, Certificated Home Teacher.

Mental Deficiency Officer:

Miss M.A. Brock, Social Studies Certificate, University of London.

Duly Authorised Officers:

E. W. Smith.
G. Dawson.

*Whole-time District Nurses who act as relief for
Duly Authorised Officers:*

E. Stephenson.
R. G. Borley.

Supervisor of Home and Domestic Helps:

Mrs. F. E. M. Goddard.

Superintendent of Connaught House:

W. L. Jones .

Matron of Crowstone House:

Mrs. F. M. Ratcliffe.

Matron of Pantile House:

Mrs. Y. F. G. Brewer. Resigned 19.10.58.
Mrs. R. S. Keen. Appointed 6.10.58.

Supervisor of Occupation Centre:

Miss V. E. W. Hodgson.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Reiteration is tedious for author and reader alike, and an oft-told tale loses its effect. Nevertheless one is bound to record that staffing difficulties were as general and tiresome as at any time since the end of the War. In fact it would appear that it is only married women seeking part-time or whole-time employment who provide any element of real competition for many appointments. Our experience with sponsored training continues to be encouraging and one can clearly foresee its further extension in the future.

The death of Dr. Dorothy Paterson at the beginning of the year shocked all who knew her. Shyness and self-effacement could not hide her many sterling qualities. Good medical judgment was allied with a sympathetic understanding of children, who recognised, with the uncanny instinct of childhood, a real friend. She was equally successful in the nursery at Tower House, the schools and the clinics, bringing to these duties an interest and a warmth which parents, teachers and children readily responded to.

Her place proved difficult to fill, doubtless because she had set such a high standard for her successor, and as the poliomyelitis vaccination campaign was opened in the early part of the year, it was necessary to engage a temporary officer in the person of Dr. William Ivan Glass, a New Zealander, who had come to this country for post-graduate instruction in public health and industrial medicine.

He left the department at the end of July and in the middle of September, Dr. Marion Harrison took up her duties. Dr. Harrison had had considerable experience of private practice and substantial part-time service in the Newcastle-on-Tyne Maternity and Child Welfare Department, which had co-operated with Sir James Spence in the famous survey of 1,000 Newcastle children.

The paediatric registrar from the Southend General Hospital is always invited to act as medical officer to one of our infant welfare sessions, an opportunity which is as welcome to our hospital colleagues as it is stimulating to us. Dr. Cremer left at the beginning of January and in May was succeeded by Dr. Agnes Margaret Maclean.

During the year three health visitor students, namely Miss Fowles, Miss Reeves and Miss Payne, joined the department on the completion of their training but the first named was with us only four months, being released by the Committee in order to undertake further training in anticipation of her marriage and subsequent service in the mission field. Miss Watson, who in the previous year had been re-appointed to the health visiting staff, resigned during the year as did Miss Bryant and Miss Nicholls. Three student health visitors were appointed, namely, Miss Braun, Miss Bicknell and Miss Hoare.

Miss S.E. Pelikan, municipal midwife in the Shoebury area, resigned in April to accept a similar appointment in the County where the accommodation offered proved a considerable attraction. It was not until the beginning of September that we were able to appoint her successor, Miss I.A. Milne. One is pleased to record that Miss O.M. Cooper, seconded in the previous year to attend a course of instruction for the Midwife Teacher's Diploma, was successful in obtaining Part I in January and Part II in July. Her satisfaction was mitigated only by the fact that there were no opportunities in Southend for her to instruct pupils.

There were changes too in the Home Nursing Service. Miss Bartlett and Miss Gammon resigned, as did Miss Bicknell to become a student health visitor. Miss Feldman, Mrs. Monk and Mrs. May were appointed to the staff but within a fortnight of her appointment the latter had been seconded for duty as a domiciliary midwife because of staff difficulties.

There were some changes in the part-time staff as is only to be expected with a high proportion of married women.

Mr. Gwynn, a public health inspector who had been trained in the department, resigned at the beginning of the year, being attracted by the offer of accommodation and accelerated promotion from another local authority. Senior pupils Mr. Bullock, Mr. Hillier and Mr. Long were successful in obtaining the statutory qualification and were appointed to the permanent staff. One additional pupil, Mr. Griffin, took up duty in September.

The first Matron of Pantile House resigned in October and was replaced by the promotion of Mrs. Keen, who was already in your service.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.

NATIONAL HEALTH SERVICE ACTS, 1946 - 52

NATIONAL ASSISTANCE ACTS, 1948 - 51

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible for the authority's functions under the National Assistance Act, 1948. (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (No. 15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively.

There are three sub-committees viz:-

- Maternity and Child Welfare Sub-Committee.
- Care, After-Care and Welfare Sub-Committee.
- Residential Accommodation Sub-Committee.

Each consists of the Council members of the Health Committee, together with 3 co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence, mental health, and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are made clear by its title.

With the exception of some matters concerned with the enforcement of statutory requirements and by-laws, the granting of licences and the effecting of registrations, the Health Committee has no delegated powers, nor has any substantial difficulty been caused by their absence.

The medical officer of health is generally responsible for control, supervision and co-ordination of the services, while his deputy is more particularly concerned with the School Medical Service, infectious diseases, the mental deficiency section and general assistance with administration. The principal lay officer is responsible for the day to day administration of after-care, welfare and residential accommodation, as well as the supervision of the ambulance service, the domestic help scheme and the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the over-all co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far these arrangements have proved to be both economical and fully adequate.

EXPENDITURE

Local Health Services statistics 1957/58 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

For all County Boroughs the total expenditure per 1,000 population rose from £1,069.17s.0d to £1,152.0s.0d. The average county borough is now spending £1 per head of population on local authority health services. Your gross costs have risen from £771.4s.0d to £834.7s.0d, an increase of £63.3s.0d as compared with £82.3s.0d for the county boroughs as a whole. Even allowing for the fact that you have no day nurseries, you still spend £231.7s.0d less than the average.

There are now seven county boroughs which spend less than Southend-on-Sea, whereas in the previous year there were six. Blackpool is no longer one of them, its place being taken by the newcomers Birkenhead and Darlington. The following table shows how dissimilar the low cost areas are in their expenditure on individual services.

	Day Nurseries	Child Welfare Centres	Midwifery	Midwifery Cost per case	Health Visiting	Ambulance Service	Domestic Help	Domestic Help Cost per case.	Administration
	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s	£ s
Birkenhead	43.14	54.1	57.2	9.7	33.1	250.6	52.9	19.0	131.2
Chester	-	36.16	86.7	15.3	57.19	155.5	73.6	39.2	102.0
Darlington	-	62.11	42.10	10.1	47.2	256.17	69.7	18.6	144.9
Northampton		55.12	63.6	14.6	35.12	146.7	84.3	33.10	116.13
Portsmouth	38.2	43.3	79.7	12.4	70.3	144.16	33.6	19.15	160.17
Southampton	5.5	82.18	79.18	8.9	48.3	158.16	104.3	33.6	114.18
Tynemouth	.4	20.6	87.6	15.6	62.18	267.18	9.8	12.5	129.4
Southend	-	32.16	67.15	14.9	42.2	170.7	145.9	25.10	163.18

The most important change in your unit costs is the rise from £12.17.0 to £14.9.0.per midwifery case. This is partly attributable to the purchase of trilene administration outfits costing £357.10s.0d.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHES

S indicates group which includes Southend-on-Sea.
 (s) indicates group which included Southend-on-Sea 1956/57.
 A indicates group which includes the average.
 (a) indicates group which included the average in 1956/57.

Care of Mothers & Young Children			Midwifery		Health Visiting	
Child Welfare Centres		Other expenditure, inc. Maternity Sets.				No.
Group	No.	Group	No.	Group	No.	
Up to £30	4	Nil	3	Up to £30	2	2
£30 - £40	4	Up to £5	10	£30 - £40	5	8
£40 - £50	7	£5 - £10 S (s)	14	£40 - £50	5	8
£50 - £60	14	£10 - £15	15	£50 - £60 (s)	5	7
£60 - £70	12	£15 - £20 A (a)	17	£60 - £70 S	9	17
£70 - £80 A (a)	6	£20 - £25	7	£70 - £80 A (a)	9	14
£80 - £90	10	£25 - £50	13	£80 - £90	13	11
£90 - £100	11	£50 and over	4	£90 - £100	9	5
£100 and over	15			£100 and over	13	11
Average 1957/8	1. 0.	Average 1957/8	6. 0.	Average 1957/8	5. 0.	3. 0.
Southend	£32. 16. 0.	Southend	£ 6. 12. 0.	Southend	£67. 15. 0.	£42. 2. 0.
Average 1956/7	3. 0.	Average 1956/7	2. 0.	Average 1956/7	7. 0.	13. 0.
Southend	£29. 7. 0.	Southend	£ 6. 2. 0.	Southend	£58. 18. 0.	£38. 10. 0.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHES

S indicates group which includes Southend-on-Sea.

(s) indicates group which included Southend-on-Sea in 1956/57.

A indicates group which includes the average.

(a) indicates group which included the average in 1956/57.

Home Nursing		Vaccination and Immunisation		Ambulance Service		Domestic Helps	
Group	No.	Group	No.	Group	No.	Group	No.
£25 - £50	2	Up to £2	1	£75 - £100	1	Up to £25	2
£50 - £75	5	£2 - £4	3	£100 - £125	1	£25 - £50	4
£75 - £100	11	£4 - £6	16	£125 - £150	9	£50 - £75	9
£100 - £125	25	£6 - £8	15	£150 - £175	15	£75 - £100	15
(a) (s)		S		S (s)			
£125 - £150	14	£8 - £10	12	£175 - £200	12	£100 - £125	12
A		(a)		(a)		(a)	
£150 - £175	13	£10 - £12	8	£200 - £225	9	£125 - £150	14
£175 - £200	4	£12 - £14	7	A		A S (s)	
£200 and over	9	A		£225 - 250	15	£150 - £175	8
				£250 - £275	13	£175 - £200	6
				£275 - £300	4	£200 - £225	4
				£300 and over	4	£225 - £250	3
						£250 and over	6
Average 1957/58	£126.18.0.	Average 1957/58	£13.15.0.	Average 1957/58	£209.13.0.	Average 1957/58	£130.18.0.
Southend	£130.10.0.	Southend	£ 7.19.0.	Southend	£170. 7.0.	Southend	£145. 9.0.
Average 1956/57	£119.19.0.	Average 1956/57	£ 9. 4.0.	Average 1956/57	£198 19.0.	Average 1956/57	£116. 5.0.
Southend	£120. 9.0.	Southend	£ 5. 5.0.	Southend	£160. 7.0.	Southend	£136. 6.0.

(s) indicates group which included Southend-on-Sea in 1956/57

A indicates group which includes the average.

(a) indicates group which included the average in 1956/57

Prevention of Illness, Care & After-care				Mental Health			
Tuberculosis		Other Services		Occupation Centres		Other Services	
Group	No.	Group	No.	Group	No.	Group	No.
Up to £5	1	Nil	4	Nil	4	Up to £5	1
£5 - £10	10	Up to £5	19	Up to £10	1	£5 - £10	5
£10 - £15	18	£5 - £10 S (s)	24	£10 - £20	7	£10 - £15	1
£15 - £20 S (s)	14	£10 - £15	12	£20 - £30	6	£15 - £20 (s)	12
£20 - £25 (a)	10	£15 - £20 A (a)	8	£30 - £40	19	£20 - £25 S	17
£25 - £30 A	9	£20 - £25	7	£40 - £50 A (a)	12	£25 - £30 A (a)	12
£30 - £35	9	£25 - £30	3	£50 - £60	13	£30 - £35	7
£35 - £40	6	£30 and over	6	£60 - £70	8	£35 - £40	15
£40 - £45	1			£70 - £80	10	£40 - £45	2
£45 - £50	2			£80 - £90	1	£45 - £50	5
£50 and over	3			£90 - £100	1	£50 and over	6
				£100 and over	1		
Average 1957/8	16. 0.	Average 1957/8	0. 0.	Average 1957/8	5. 0.	Average 1957/8	1. 0.
Southend	£25. 16.	Southend	£19. 0.	Southend	£46. 18. 0.	Southend	£28. 21. 0.
Average 1956/7	19. 0.	Average 1956/7	0. 0.	Average 1956/7	16. 0.	Average 1956/7	7. 0.
Southend	£24. 19. 0.	Southend	£19. 12. 0.	Southend	£40. 18. 0.	Southend	£25. 19. 0.

UNIT COSTS

S indicates group which includes Southend-on-Sea.
 (s) indicates group which included Southend-on-Sea in 1956/57
 A indicates group which includes the average.
 (a) indicates the group which included the average in 1956/57

Administration Net Expenditure per 1,000 population		Child Welfare Centres Cost per attendance		Midwifery Cost per Maternity Case Attended	
Group	No.	Group	No.	Group	No.
Up to £100	3	2/- - 2/11	3	£7 - £8	1
£100 - £120	9	3/- - 3/11 S (s)	9	£8 - £9	3
£120 - £140	7	4/- - 4/11	14	£9 - £10	7
£140 - £160 (s)	14	5/- - 5/11	10	£10 - £11	6
£160 - £180 A S (a)	15	6/- - 6/11 A (a)	13	£11 - £12	9
£180 - £200	9	7/- - 7/11	10	£12 - £13 A (a) (s)	13
£200 - £220	10	8/- - 8/11	10	£13 - £14	15
£220 - £240	9	9/- - 9/11	4	£14 - £15 S	8
£240 - £260	3	10/- and over	10	£15 - £16	7
£260 - £280	2			£16 - £17	4
£280 - £300	1			£17 - £18	4
£300 and over	1			£18 - £19	-
				£19 - £20	1
				£20 and over	5
Average 1957/58	£176. 18. 0.	Average 1957/8	6/7	Average 1957/8	£12. 19. 0.
Southend "	£163. 18. 0.	Southend "	3/7	Southend "	£14. 9. 0.
Average 1956/7	£163. 8. 0.	Average 1956/7	6/6	Average 1956/7	£12. 19. 0.
Southend "	£147. 0. 0.	Southend "	3/5	Southend "	£12. 17. 0.

UNIT COSTS

S indicates group which includes Southend-on-Sea.
 (s) indicates group which included Southend-on-Sea in 1956/57.
 A indicates group which includes the average.
 (a) indicates group which included the average in 1956/57.

Health Visiting Cost per Visit		Home Nursing Cost per visit		Domestic Help Cost per case		Occupation Centre Cost per attendance	
Group	No.	Group	No.	Group	No.	Group	No.
2/- - 2/11	4	Up to 1/11	1	£10 - £15	2	Up to 9/11	11
3/- - 3/11 (s)	10	2/- - 2/5	-	£15 - £20	11	10/- - 10/11 (s)	3
4/- - 4/11 S	17	2/6 - 2/11	-	£20 - £25 (s)	16	11/- - 11/11 S	5
5/- - 5/11 (a)	14	3/- - 3/5 (s)	4	£25 - £30 A S (a)	23	12/- - 12/11	7
6/- - 6/11 A	18	3/6 - 3/11 S	18	£30 - £35	18	13/- - 13/11 (a)	6
7/- - 7/11	10	4/- - 4/5 A (a)	18	£35 - 40	4	14/- - 14/11	9
8/- - 8/11	6	4/6 - 4/11	21	£40 - £45	5	15/- - 15/11 A	8
9/- - 9/11	2	5/- - 5/5	11	£45 - £50	2	16/- - 16/11	5
10/- and over	2	5/6 - 5/11	5	£50 and over	2	17/- - 17/11	6
		6/- and over	5			18/- - 18/11	4
						19/- - 19/11	4
						20/- and over	11
Average 1957/8	6/2	Average 1957/8	4/5	Average 1957/8	6. 0.	Average 1957/8	15/0
Southend	4/3	Southend	3/7	Southend	£28. 6. 0.	Southend	11/5
Average 1956/7	5/7	Average 1956/7	4/3	Average 1956/7	£25. 10. 0.	Average 1956/7	13/2
Southend	3/3	Southend	3/5	Southend	£26. 13. 0.	Southend	10/0
				Southend	£23. 14. 0.		

*Welfare Services Statistics 1957/58 prepared by
the Institute of Municipal Treasurers and Accountants
and the Society of County Treasurers*

Since these annual comparative figures were first made available, Southend-on-Sea has invariably shewn a higher expenditure per 1,000 population on residential provision for old age than has the average county borough. For a short time there was a tendency for the difference to narrow, but with the impact of only half the annual loan charges on Pantile House the gap has widened again and is now £118.5s.0d per 1,000 population.

There are 16 county boroughs which spend more proportionately and yet there are only two areas, namely Bournemouth and Gloucester, with a higher proportion of their population living in Part III accommodation.

It is therefore the extent, and not the nature or the management, of your Part III accommodation which accounts for the high expenditure. Those who are tempted to criticise the Council for what it has not done for the old, would do well to ponder the implication of these figures.

It is clear that the situation in which we find ourselves is due neither to niggardliness nor lethargy on the part of the local authority. It arises primarily from the continued failure of the National Health Service to make adequate provision for the chronic sick and the chronically mentally disturbed.

It is also appropriate in this context to point out that whereas the average English county was accommodating 1.58 persons per 1,000 in Part III accommodation, the Essex County Council was providing for only 1.35 persons per 1,000 population and although this was an increase of .02 per 1,000 over last year's figure, the average English county had increased its accommodation by .05 per 1,000.

The reasons for the disproportionate burden which the Council must perforce continue to carry have been set out in some detail in previous reports and, as they continue to operate, no useful purpose would be served by labouring the matter further.

Year	Cost per 1,000 population		No. of C.B's with higher costs		No. of C.B's with higher No. of persons per 1,000 population accommodated on 1st January.	
	Average £. s.	Southend £ s.				
1953-54	220 11	303 0	26		16	
1954-55	242 6	310 13	30		10	
1955-56	252 5	300 13	39		7	
1956-57	297 16	368 12	33		4	
1957-58	329 17	448 2	16		2	

WELFARE SERVICES STATISTICS 1957/58

	Counties (excluding London)	County Boroughs	All Authorities	Southend
Persons accommodated on night of 31st December, 1957	42,120	26,238	76,359	517
) Residential Accommodation ...	2,110	1,540	4,459	-
) Temporary Accommodation ...	1.58	2.04	1.80	3.30
Per 1,000 population	66,284	36,355	110,430	529
Persons on register at 31st March, 1958	11,185	9,405	20,654	-
) Blind Persons ...				
) Deaf & Dumb Persons				
Analysis of Net Expenditure and Grants per 1,000 Population -	£ s d	£ s d	£ s d	£ s d
Total Residential Homes	262 0 0	329 17 0	295 7 0	448 2 0
Total Temporary Accommodation	2 0 0	7 0 0	4 8 0	-
Total Residential and Temporary Accommodation	264 0 0	336 17 0	299 15 0	448 2 0
Special Welfare Services - Blind Persons	35 5 0	76 11 0	48 8 0	18 18 0
- Other Services	9 0 0	18 13 0	12 18 0	1 0 0
Other Expenses	64 17 0	85 9 0	74 8 0	56 9 0
Total Net Expenditure chargeable to Rates and Grants	383 1 0	527 8 0	446 5 0	535 5 0
Welfare Service Grants	8 17 0	25 6 0	14 6 0	6 14 0
Net Rate borne Expenditure	374 4 0	502 2 0	431 19 0	528 11 0
Cost per Resident Week				
Residential Homes for over 50 persons provided by the Authority	5 4 3	5 5 3	5 4 9	4 10 0

WELFARE SERVICES STATISTICS 1957/58

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHs

A indicates group in which average occurs.
 (a) indicates group in which average for 1956/57 occurred.
 S indicates group in which Southend-on-Sea occurs.
 (s) indicates group in which Southend-on-Sea occurred in 1956/57

Residential Homes		Residential and Temporary Accommodation		Blind Persons		Other Services	
Group	No.	Group	No.	Group	No.	Group	No.
£100 - £149	2	£100 - £14	2	£10 - £19	3	Under £2	3
£150 - £199	4	£150 - £199	4	£20 - £29	8	£2 - £4	2
£200 - £249	10	£200 - £249	8	£30 - £39	12	£4 - £6	6
£250 - £299 (a)	13	£250 - £299	13	£40 - £49	9	£6 - £8	13
£300 - £349 A	13	£300 - £349 A (a)	13	£50 - £59	6	£8 - £10	5
£350 - £399 (s)	8	£350 - £399 (s)	9	£60 - £69	5	£10 - £12	7
£400 - £449 S	17	£400 - £449 S	18	£70 - £79 A (a)	6	£12 - £14	7
£450 and over	16	£450 and over	16	£80 - £89	5	£14 - £16	2
				£90 - £99	11	£16 - £18 (a)	4
				£100 and over	18	£18 - £20 A	1
						£20 and over	33
Average: 1957/58 1956/57		1957/58 1956/57		1957/58 1956/57		1957/58 1956/57	
£329.17.0. £297.16.0.		£336.17.0. £304. 7.0.		£76.11.0. £70.13.0.		£18.13.0. £16.4.0.	
Southend:							
£448. 2.0. £368.12.0.		£448. 2.0. £368.12.0.		£18.18.0. £16.17.0.		1s.0d Nil	

Other Expenses		Total - All Services		Cost per Resident Week Residential Homes for over 50 persons provided by the Authority	
Group	No.	Group	No.	Group	No.
£20 - £29	-	£150 - £199	-	60/- - 64/-	-
£30 - £39	-	£200 - £249	-	65/- - 69/-	-
£40 - £49 (s)	4	£250 - £299	2	70/- - 74/-	-
£50 - £59 S	9	£300 - £349	7	75/- - 79/-	-
£60 - £69	9	£350 - £399	5	80/- - 84/-	-
£70 - £79	11	£400 - £449 (s)	11	85/- - 89/- (s)	4
£80 - £89 A (a)	6	£450 - £499 (a)	8	90/- - 94/- S	5
£90 - £99	6	£500 - £549 A S	9	95/- - 99/- (a)	4
£100 and over	38	£550 - £599	16	100/- and over A	20
		£600 and over	25		
Average: 1957/58 1956/57		1957/58 1956/57		1957/58 1956/57	
£85.9.0. £80.0.0.		£502.2.0. £462.18.0.		105/3 98/8	
Southend:					
£56.9.0. £49.13.0.		£528,11.0. £446.3.0.		90/- 86/1	

The National Health Service Act, 1946, Part III

SECTION 22, CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under.

Shoeburyness:

Council Offices, High Street, Doctor's Clinic 1st and 3rd Tuesdays.
Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:

70 Burnham Road, Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre, Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:

Eastwood Baptist Church Hall, 2nd and 4th Fridays - Health Visitor's Clinic.

Westcliff:

St. Andrew's Church Hall, Wednesdays and Fridays.

North Avenue:

Ferndale Road Baptist Church, Wednesdays - Health Visitor's Clinic.

Manners Way:

St. Stephen's Church, Tuesdays - Health Visitor's Clinic.

Thorpe Bay:

St. Augustine's Church Hall - Alternate Fridays, Health Visitor's Clinic.

Blenheim:

St. James's Church Hall. Alternate Wednesdays - Health Visitor's Clinic.

Attendances at Clinics

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Avenue	Thorpe Bay	Blenheim	Total
No. of sessions held	101	102	94	51	23	102	50	49	25	25	622
No. of individuals who attended and who at the end of the year were:											
Under 1 ...	233	190	230	86	79	364	82	143	45	96	1548
Aged 1 year ..	83	171	181	69	67	273	39	100	41	74	1098
Aged 2 to 5	289	197	179	75	28	197	30	56	18	11	1080
Total attendances of:											
Infants under 1	3591	2944	2825	1074	651	4858	1057	1777	532	949	20258
Children aged 1 year ...	504	548	463	336	146	555	101	319	64	75	3111
Children aged 2 to 5 ...	280	293	179	122	8	245	15	47	23	5	1217
No. of children aged 1 to 5 subjected to routine medical inspections...	225	340	262	69	†	309	†	†	†	†	1205

† a medical officer does not attend these clinics.

Clinic Premises

When proposals to build a public library, a community centre, or a tenants hall are made, possible clinic requirements are also canvassed. On the occasion arising during the year, it was thought opportune to review your needs and to make suggestions about the future.

A report was considered by the Maternity and Child Welfare Sub-Committee at the beginning of November. In particular it discussed the situation and needs of three areas, namely Shoeburyness, Eastwood and Westborough.

At Shoeburyness a clinic site had long been reserved between the Old Town and the new Thorpedene estate, partly completed between the Wars. Post-War building has already done much to link Shoeburyness with Thorpe Bay so that here the residents increasingly are orientated centrally towards Southend, rather than peripherally to Shoeburyness. Doubts grew as to the wisdom of building a clinic on the site originally reserved, and these were shared by the Libraries Committee which had also reserved adjacent land. It was recommended that an alternative site further to the west and near to the two schools which the Education Committee intended to build, should be sought as an alternative.

We also reconsidered the situation in Eastwood where the Health Committee had acquired the Lambeth Road Depot site with the intention of building there an Old People's Hostel and converting some existing office buildings to a small clinic. It was considered that a clinic in the immediate vicinity of Kent Elms Corner would serve a very considerable population, and if such a site could be obtained it would be preferable to build there, abandoning the clinic project at Lambeth Road which, incidentally, was only a subsidiary part of the original scheme.

That part of Westcliff which lies to the south of the London Road - Westborough Ward - has long needed an adequate clinic, but suitable sites are hard to find. When a site in Claremont Road was offered the Health Committee eagerly accepted it, although it was recognised that it lay too far to the east to be considered ideal.

Planning for the new Civic Centre raised the issue of the future of your clinics in Warrior Square, and a suggestion that these might eventually be accommodated much nearer the new Civic Centre had to be considered. The Sub-Committee was advised that a re-siting of the central facilities in the Victoria Avenue area would destroy much of the usefulness of a clinic at Claremont Road and also require the building of another clinic for the Southchurch area.

The report recommended the acquisition of alternative sites at Shoebury and Kent Elms, and by omitting proposals for immediate progress at Claremont Road, left the way open for a more suitable alternative.

The kind of provision to be made was also considered. It was considered that the plans for clinics at Shoeburyness and Eastwood should permit of the addition at a later date of a dental clinic for the school health service, and the development of the clinic building as a small Health Centre, as the term is to be understood in the National Health Service Act, should the practitioners in these areas desire this accommodation.

Priorities were also discussed, and notwithstanding the urgent needs of Shoeburyness and Westborough, the Committee was recommended to provide the first clinic at Eastwood.

Infant Clinics

There have been few significant changes during recent years in the use made of infant clinics, and 1958 was no exception. The number of individual babies under the age of 1 in attendance rose by 66 to 1548, but the total attendances made by this age group fell by just over 1,000 to 20,258.

Attendances at infant clinics are influenced not only by housing developments but by the interest displayed in babies and young children by the doctors who practice in the neighbourhood. The continued popularity of the Westcliff Clinic where there was an increase of 150 to 4,858 in the total attendances of infants continues to draw attention to itself and to the desirability of providing improved facilities here.

Welfare and Other Foods

The distribution of National Dried Milk and vitamins through your clinics and selected retailers was continued, there being no alteration in what the official communications so elegantly describe, as "distribution points".

Distribution Points for Welfare Foods

The Municipal Health Centre.

9 Infant Welfare Clinics.

W.V.S. Headquarters, 40 Victoria Avenue, Southend.

16 retail traders, as follows:-

Mr. R. H. Codner (Chemist), 117 Rectory Grove, Leigh. Until 12.7.58.

Elm Drug Stores, 92 Elm Road, Leigh.

Pall Mall Pharmacy, 180 Pall Mall, Leigh.

Pavilion Pharmacy, 1075, London Road, Leigh. Until 28.6.58.

Belfairs Chemists, 327 Eastwood Road North, Leigh.

Essex Pharmacy, 53 The Broadway, Leigh. From 6.9.58.

Mr. W. A. Major (Chemist), 13 Rayleigh Road, Eastwood.

Longthornes Ltd. (Chemists), 779 London Road, Westcliff. Until 6.12.58

Wendy's (Children's Wear) 413 London Road, Westcliff.

Priory Drug Stores, 347/349 Victoria Avenue, Southend.

Harrison & Howells (Chemists), 8 Earls Hall Parade, Southend.

Harrison & Howells (Chemists), 7 Cluny Square, Southend.

Mr. C. P. Howells (Chemist), 235 Woodgrange Drive, Southend.

C & C Drug Store, 343 Hamstel Road, Southend.

Harrison & Howells, (Chemists), 229 Hamstel Road, Southend.

Mr. J. H. Parkes, (Chemist), 72 West Road, Shoeburyness.

Total issues compared with previous years are shown in the following table:-

	National Dried Milk	Cod Liver Oil	Vitamins A and D	Orange Juice
	tins	bottles	packets	bottles
1955	57,742	18,882	7,615	122,270
1956	53,117	16,062	7,846	123,762
1957	45,363	13,473	7,819	130,741
1958	37,173	8,167	8,124	77,472

The decline in National Dried Milk issues which has occurred in the past few years was continued during 1958, while the total issues of cod liver oil and orange juice were approximately 40% less than during the previous year. The decrease in orange juice issues was no doubt due to its restriction to children under the age of two (operative from November, 1957), but it is remarkable that cod liver oil issues decreased by approximately the same proportion, although it continued to be available to children up to the age of five; the assumption being that parents who had previously obtained cod liver oil and orange juice together were not inclined to administer only cod liver oil.

In all, 4,242 tins of National Dried Milk were issued through the infant welfare clinics, a decrease of 1,495 compared with the previous year, whereas the proprietary foods distributed there totalled 18,978 tins, an increase of 2,415.

ANTE-NATAL CLINICS

Municipal Health Centre: Monday 9.15 a.m.: Tuesday 9.15 a.m.;
Wednesday 2.0 p.m.; Thursday 9.15 a.m.; Friday 9.15 a.m.

Leigh Clinic, 70, Burnham Road; Tuesday 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue;
Wednesday 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street, Monday 2.p.m.
(On 2nd and 4th Mondays in each month only)

In the report for 1957 some mention was made of the complications which necessarily arise when a single maternity hospital serves the areas of more than one local health authority; it was then indicated that general agreement had been reached as to "how ante-natal care in this area could best be improved, overlappings and omissions reduced, and a higher degree of co-ordination achieved."

Following consultation between the consultant obstetricians, general practitioners and medical officers of the local health authorities concerned, it was decided to bring into use what are referred to as a "schedule" and a "co-operation card" respectively. As the latter term is too well understood to require detailed description it will no doubt suffice to say that it is a convenient means by which clinical information about the ante-natal period can be made available to each of the agencies which may be concerned with the patient.

The "schedule", which is here reproduced, is designed to indicate to a patient what programme of ante-natal care is recommended for the normal pregnancy and to which agency she should look for each of the items.

It is intended that if the patient was to be confined at home or in a nursing home, her general practitioner would complete this "schedule" but if the birth was to take place in hospital it would be issued by the hospital staff.

When copies of the "schedule" and the "co-operation card" were issued to general practitioners, their use was commended to the profession by the chairman of the Local Medical Committee, who agreed that a circular letter from the medical officer of health, a copy of which is set out overleaf, should accompany his own communication.

SOUTHEND-ON-SEA HOSPITAL MANAGEMENT COMMITTEE
SOUTHEND-ON-SEA COUNTY BOROUGH AND ESSEX COUNTY COUNCILS

MATERNITY SERVICES

(To be retained by the patient until after confinement)

Name.....

Address..... E.D.D.....

This Patient wishes delivery at { Home.
Hospital.
Nursing Home.

Final Booking.....

I have accepted this patient's booking and wish to carry out the examinations as indicated below. (Please indicate by X.)

- ☐ First
☐ 20th week
☐ 24th week
☐ 28th week
☐ 30th week
☐ 32nd week
☐ 34th week
☐ 36th week
☐ 37th week
☐ 38th week
☐ 39th week
☐ 40th week

☐ I wish to be notified at the onset of labour.

☐ only in an emergency.

I certify there is no condition contra-
indicating the administration of analgesia by a
midwife.

Blood Test..... Date.....

Group.....Rhesus Antibodies.....

Hb..... P.P.R.....

.....
General Practitioner.

"ANTE-NATAL CARE

The Chairman of the Local Medical Committee has enclosed with his letter, this note about the Council's ante-natal clinics and midwives.

Briefly, our ante-natal clinics are prepared to carry out any examinations or interval supervision which a medical practitioner may wish for his patient, and in particular to take blood and other specimens, ensuring that he is informed of the result. We seek no monopoly in ante-natal care, instead, we wish the clinics to be as useful to the general practitioner as we can make them, being content to share, to the extent he desires, the responsibility for the patient.

As regards the Council's midwives, it is impracticable as some practitioners would like, to attach a midwife to a practice and to arrange for her to attend the surgery when ante-natal supervision is given. However desirable this may be, there are too many doctors and too few midwives to make it feasible. Our midwives are, however, instructed to ensure that early in the pregnancy they ascertain which doctor will be responsible for providing maternity medical services, and then to co-operate with him fully.

I would refer to E.C.N.27 of July, 1949, a copy of which is enclosed, and draw particular attention to the penultimate paragraph which deals with the position of the midwife vis-a-vis the Central Midwives Board, and includes the statement "the midwife must undertake regular ante-natal supervision even if this duplicates the examination of the general practitioner, unless the doctor makes it quite clear that he accepts full personal responsibility for the case during pregnancy, labour and the lying-in-period."

The view has been expressed that if a midwife has made sure that the patient is being fully cared for ante-natally by her general practitioner the Board could not hold she had failed her duty to her patient if she has not undertaken the ante-natal supervision, but the Board would seek to avoid the situation of the midwife only really seeing the patient at the time of delivery.

Our midwives have been advised of this view and instructed they should co-operate in every way with a practitioner who undertakes the full responsibility for ante-natal supervision.

I am sure it will be accepted, however, that effective co-operation depends on the attitude of the practitioner no less than the midwife, and I hope that my colleagues, knowing the responsibilities of the midwife, will make her compliance with the requirements of the Board as easy as possible."

The relevant extracts from E.C.N.27 are as follows:-

"Misunderstanding exists about the nature of the medical services available for the expectant mother who is to be confined in her own home. In certain areas, the terms of service of the doctor providing maternity medical services have been correctly interpreted and the service is working smoothly, but, in others, difficulties have been encountered.

The principal cause of the trouble is the widespread belief among general practitioners and the public that the agreement between a doctor and a patient by which the doctor undertakes to provide maternity medical services as laid down in the terms of service, converts the case into what is commonly known as a "doctor's case", that is the doctor accepts full responsibility

for the ante-natal care for the labour and for the lying-in period. This was certainly not the intention; it was not intended in any way to diminish the importance of either the ante-natal clinics or the midwives by the introduction of the maternity medical services.

In the past, about threequarters of the domiciliary confinements were conducted by midwives who were booked early in the pregnancy. The ante-natal care was primarily the responsibility of the midwife who, in most cases, worked in close association with an ante-natal clinic. The medical officer in charge of the clinic could accept no responsibility if an abnormality arose, and the midwife had, therefore, to call in a general practitioner who had not previously seen the patient. This has long been recognised as unsatisfactory and the maternity medical services were designed to get over this difficulty. As the same time it should be appreciated that a good service was being provided before 5th July, 1948: the progressive reduction in the maternal mortality and stillbirth rates bears witness to this fact.

By the rules of the Central Midwives Board, the midwife must undertake regular ante-natal supervision even if this duplicates the examination of the general practitioner, unless the doctor makes it quite clear that he accepts full personal responsibility for the case during pregnancy, labour and lying-in period. The general practitioner may of course assume these full responsibilities if he considers it necessary. But it is the hope of the Minister that in domiciliary midwifery, the midwife will continue to be regarded as the normal attendant, supported by the ante-natal clinic during the pregnancy, and working in co-operation with the general practitioner who has had the opportunity to satisfy himself that there are no deviations from the normal in the patient's general health during pregnancy nor obstetric complications towards the end of pregnancy and will come to her aid if trouble arises during labour or the lying-in period. The midwife will consider herself to be acting as a practising midwife unless she has been informed to the contrary by the doctor. The success of this arrangement will depend on the close co-operation and understanding between the general practitioner obstetrician and the midwife."

Attendances at the Council's clinics are shown below:-

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held	255	52	53	24	384
No. of individual expectant mothers	1,322	379	172	109	1,982
No. of attendances of expectant mothers	6,726	1,917	988	362	9,993

BLOOD EXAMINATIONS

Dr.D.C.Caldwell, Director of Pathology, informs me that all specimens submitted from the Council's clinics continued to be examined at the Rochford General Hospital Laboratory. In addition to testing for the presence of anti-Rhesus agglutinins a two-tube Price's precipitation reaction is performed on all specimens and the Wasserman reaction applied to all sera as to not give an unequivocal negative result.

*Ante-Natal Haemoglobin Estimations during
1958 -1484 tests.*

Haemoglobin Gms. %	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9 +
% Haemoglobin using 14.8 as average i.e. Revised Haldane	Under 51	51- 55	56- 60	61- 65	66- 70	71- 75	76- 80	81- 85	86- 90	91- 95	96- 100	100+
No. of tests % of each group.	2 .1	5 .3	12 .8	35 2.4	100 6.7	240 16.2	498 33.6	290 19.5	199 13.4	75 5.1	23 1.6	5 .3

Notes:

- (1) Expression of Haemoglobin concentration as grammes per cent. is the only way by which comparisons of different sets of figures can adequately be made.
- (2) Wide variations of Haemoglobin concentration occur normally but 14.8 gms % is usually regarded as an average figure for adults.
- (3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of Haemoglobin are usual, and values as low as 10.4 gms.% (70% Haldane) can be accepted as being within the limit for the normal.
- (4) Taking this into account it will be seen that 10.3% of our patients can be considered anaemic.

*Wassermann and Price's Precipitation Reaction
and Rhesus Factor Tests, 1958.*

No. of tests made	P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive and P.P.R. Negative	No. of tests made	Rh. Positive	Rh. Negative
1470	1469	1	-	1470	1210	260
	99.037%	0.07%	-		82.31%	17.69%

During the year 2,952 tests for anti-Rhesus agglutinins were carried out and 39 instances of varying degrees of incompatibility were detected.

Nor is the possibility of syphilis overlooked. One mother returned a positive serological result. She was a patient whose congenital interstitial keratitis had been diagnosed in April, 1956, and who had been under continuous antispecific treatment since.

POST-NATAL CLINICS

Post-natal clinics are first mentioned in the report for 1948 although your obstetric adviser always welcomed the return of individual patients to her clinics prior to this date. Our efforts to impress our mothers with the advantages of post-natal examinations by a specialist have been continued during the past 10 years, in the latter half of which we have discerned not progress but rather retrogression.

The total of individual mothers who attended fell by nearly 12% to 728 and total attendances from 1,184 to 993.

It was with reluctance that we decided to reduce the number of post-natal sessions and as from the 1st March they were held fortnightly on Saturday mornings instead of weekly on Wednesday mornings, at the Municipal Health Centre. It was hoped that the growing practice of organising both industry and commerce on the basis of a five-day week would make it easier for women with small children to attend on Saturday mornings but, so far, the change in day appears to have made no difference whatsoever to the general lack of enthusiasm for the post-natal examination.

Many mothers do in fact attend their own General Practitioners for post-natal examination, especially when the ante-natal care has been in part carried out by him in agreement with the Hospital staff.

Particulars of attendances are given below:-

	Southend	Leigh	Shoebury	Total
No. of individual mothers who attended	540	157	31	728
Total attendances of mothers	746	214	33	993
Total No. of sessions of Post-Natal Clinics	30	52	24	106

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Report of Mr.E.C.Austen,Principal Dental Officer.

Staffing difficulties permitted no changes whatsoever in the arrangements for dental treatment of expectant and nursing mothers and pre-school children. Approximately 20 sessions were allocated to this service during the year, and in every case treatment was offered to all those of the priority classes who were either referred by the Medical Officers or who sought treatment on their own initiative. It must be emphasised that the call on this service is not now so great, as the public are fully cognisant of the fact that free conservative treatment can be obtained through the practitioners in the National Health Service.

When requested, the Southend General Hospital carry out radiograph examinations and forward the reports and films to the Principal Dental Officer.

Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers	63 (71)	63 (71)	47 (53)	47 (53)
Children under five	79 (99)	79 (99)	79 (99)	76 (90)

Forms of dental treatment provided

	Scalings and gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	2 (1)	25 (22)	- (-)	- (-)	46 (56)	29 (37)	- (1)	- (1)	- (-)
Children under five	- (-)	- (1)	- (-)	- (-)	122 (153)	79 (99)	- (-)	- (-)	- (-)

Comparable figures for 1957 are given in brackets

NURSING HOMES

During the year one nursing home was transferred to new premises and the registrations of two others were surrendered by the proprietors. The total of beds provided was reduced by three following the closing of a small maternity home. It is to be observed that there are now only six maternity beds available in nursing homes in the Borough.

As has been previously explained, the inexorable rise in costs of all kinds and the enormous technical advances in the care of the sick make the provision of nursing home accommodation increasingly difficult.

The nursing homes now operating in the Borough provide at moderate cost acceptable and useful services to a class of patient who would otherwise be but ill provided for, but most of them would find difficulty in fulfilling present day obligations to the acutely ill.

Homes on Register at end of year		No.of beds provided for		
		Maternity	Other	Total
45 The Broadway, Thorpe Bay	Broadway	-	6	6
41 Crowstone Road	Craigowan	-	6	6
31 Ailsa Road	Hayesleigh	4	-	4
21 Victor Drive	Highview	-	8	8
39 Imperial Avenue	Langley	-	7	7
174 Kings Road	Leigh	-	11	11
98 Crowstone Road	Lodge	-	20	20
71 Wimborne Road	Oak House	-	18	18
407 Westborough Road	Two Ways	-	7	7
26 Western Road	Western Road	2	-	2
278 Southbourne Grove	Wincilla	-	4	4
13 Cobham Road	Aylward	-	11	11
		6	98	104

No.of inspections made during year: 8

UNMARRIED MOTHERS AND THEIR CHILDREN

The plans of 1957 became realities in 1958. The Health Committee decided to make a grant of £500 to the Southend-on-Sea Moral Welfare Council in each of the three succeeding years as well as to continue to accept financial responsibility for unmarried mothers in Mother and Baby Homes.

Miss Harris was appointed moral welfare worker, and "Beechwood", 2 Westborough Road, Westcliff, was purchased furnished and equipped as the headquarters for the outdoor worker, and a shelter for girls and women in temporary difficulties or pending transfer to a Mother and Baby Home.

The constitution of the Moral Welfare Council, which now meets twice a year, remains unaltered. Its Executive Committee consists of the Chairman, the Secretary and Treasurer of the Council, together with a Chairman, Secretary and Treasurer nominated by the Chairman of the Council, the Moral Welfare Chaplain, the Diocesan Moral Welfare Organising Secretary, two representatives each of the Ruridecanal Conference and the Southend Borough Council and one each of the Roman Catholic Church, the Free Churches and the Southend Jewish Community with up to four additional co-opted members.

The following is based on the first report of the superintendent and outdoor case worker for the period up to March 31st, 1959. Miss Harris found that some 40 women were being helped when she took up duty and during the year 140 new applications for help and advice were received. In this connection it has to be remembered that the organisation serves a wider area than the County Borough.

In all, 30 women were received into the shelter, some for only a few nights and others for a longer time until plans could be made for their future. Their ages ranged from 12½ to 40 but the majority came from the 16-18 age group and, with few exceptions, they had all suffered the handicap of inadequate parents and the absence of a suitable home life.

Miss Harris comments that applicants are now, on the average, three years younger than formerly. Apparently this is the experience of moral welfare workers in all parts of the country and is a fact that all those who are concerned with the growing generation need to recognise and take into account.

Of the applications for help, 102 related to illegitimate children and their parents, and 23 to family and personal problems; 11 were in respect of children and young persons and 4 concerned adoptions. Of the 61 babies born to women who came within Miss Harris's purview, 27 remained in the care of their mothers, 20 were offered for adoption and 14 were fostered.

It is evident that the wisdom of the course which has been been adopted cannot be questioned as the new developments are proving very valuable. It will, however, be necessary continuously to keep under review the use which is made of Beechwood. Specialised accommodation for all the varied needs of girls and women is lacking, with the consequence that the assistance of Beechwood is sought by too many agencies for too many varieties of need.

If it is to preserve its true function of helping the girl who, through foolishness or ill-fortune, is exposed to grave moral danger, and the expectant mother who needs help, the Committee of Management will require to be critical of applications which do not come into either of these categories, for if too much is attempted its essential work will suffer.

Accommodation was provided under the Council's proposals as follows:-

Bartletts, Chelmsford	4 mothers for 234 days
Brent House Mothercraft Hostel, Streatham Park	1 mother for 71 days
Ely Home, Cambridge	1 mother for 47 days
Hostel of the Good Shepherd, Colchester	1 mother for 62 days
Kendall House, Gravesend	2 mothers for 167 days
Main Memorial Home, N.W. 6.	1 mother for 97 days
St. Agnes, Chiswick	1 mother for 91 days
Sunnedon House, Coggeshall	1 mother for 16 days

STILLBIRTHS AND INFANT MORTALITY

For the reasons mentioned later on, it is useful to consider the experience of the very young in several various ways. The "infant mortality" rate is the number of deaths per thousand live births which occur under the age of one. One of the oldest statistical rates, it measures in a crude way the efficiency of the services for mothers and young children as well as the general standard of environmental hygiene. It has the disadvantage, however, of grouping together deaths which arise from totally diverse factors, since it covers both the period immediately after the birth as well as the remainder of the first year of infancy.

Adverse factors which operate during the first few days of birth are frequently congenital or associated with delivery, whereas once independent life has been established, environment in the broader sense of the term becomes more and more important. Moreover, the infant mortality rate takes no account

of stillbirths, many of which are caused by the same factors as occasion death within a few days of birth.

It is more scientific to combine stillbirths and deaths which occur during the first seven days of life to calculate the "perinatal mortality rate", but in order that a strict comparability with previous years can be maintained we continue to report the infant mortality rate as well.

The other figure in common use of recent years is the neonatal mortality rate; that is the number of infants per 1,000 live births dying during the first 28 days of life.

The infant mortality rate of 16.69 per thousand is the third lowest ever officially recorded in the history of the County Borough. For reasons set out in the Report for 1956 we consider it to be the second lowest actual rate ever attained by us. It is substantially below the figure of 22.5 recorded for the whole of England and Wales. The stillbirth rate, 20 per thousand, is very little different from the national rate, but the neonatal rate at 10.66 per thousand is much below the rate for England and Wales. In fact the difference between our neonatal mortality and the national figure is practically the same as the difference between the two infant mortality rates; in other words, our greater saving of infant life occurs wholly in the first 28 days.

From this we can conclude that the services available to our infants during this period produce superior results to those which generally obtain, but that after the first month of life a child born in Southend appears to have no material advantage. This has been observed in previous years and appears to be a constant feature of our vital statistics.

It is curious that the superiority of the services available to the new-born child are not reflected in the stillbirth rate, since a satisfactory neonatal experience cannot be achieved without good obstetrics.

Perinatal Mortality

Year	No. of Still-Births	No. of infants dying aged up to and including 7 days	Total	Total Live and Still-births	Rate per 1,000 births, live and still
1958	44	19	63	2201	28.6
1957	39	25	64	2130	30.1
1956	40	26	66	2006	32.9
1955	30	26	56	1952	28.7
1954	29	20	49	2054	23.9
1953	34	20	54	2083	25.9
1952	40	24	64	2112	30.3
1951	46	29	75	2119	35.4
1950	31	33	64	2179	29.4

Deaths under 1 year by age groups			M.	F.	Total
Under 24 hours	...		1	7	
24 hours - 1 week	...		9	2	
Total perinatal mortality	...				19
1-2 weeks	...		4	-	
2-4 weeks	...		-	-	
Total neonatal mortality	...				23
1-3 months	...		4	-	
3-6 months	...		4	2	
6-9 months	...		1	-	
9-12 months	...		-	2	
Total infant mortality	...				36

Prematurity still presents many aspects which are not fully understood but there is growing evidence that socio-economic factors play a not inconsiderable part in its causation.

There was a total of 137 premature births as compared with 125 in the previous year, the chief difference between the years being that the number of babies with birth weights between 3lb 4 ozs. and 4lb.6 ozs. rose from 9 to 18.

As is usual, infant deaths have been classified as to the likely prime cause. The adjusted findings which are set out below are accompanied by last year's figures for comparison:-

Cause	1958	1957
Respiratory Infections	6	4
Gastro-enteritis	-	3
Congenital Defect	3	6
Prematurity	14	16
Accidents	4	3
Cirrhosis of liver	1	-
Volvulus	1	-
Asphyxia Neonatorum	3	4
Birth Hazards	4	4
	<u>36</u>	<u>40</u>

In the respiratory infection figure are included the deaths of two infants who suffered from severe congenital defects; a third resulted from a fulminating infection in a six months old infant.

There were 4 accidental deaths from suffocation during the year, 1 in January, 1 in February and 2 within 8 days at the end of March:

Baby P, aged 3 months, bottle fed, found dead in cot. Cause of death: asphyxia, the cause of which was not demonstrated by post-mortem examination.

Baby M, aged 11 weeks, breast fed, found dead in cot. Cause of death: inhalational asphyxia.

Baby A, aged 5 months, breast fed, found dead in cot. The post-mortem appearance consistent with accidental suffocation due to bed clothes.

Baby J, aged 3 months, no information about method of feeding, post-mortem findings consistent with accidental suffocation due to bed clothes.

Of the 14 deaths due to prematurity two followed a twin birth, and two the birth of triplets.

In contrast with the young infant, the experience of the older baby affords grounds for neither satisfaction nor complacency, it being no better than that of the country as a whole.

Of 6 respiratory deaths 1 was associated with a possible metabolic failure, 2 with cyanotic heart disease, 1 followed whooping cough and 1 meningocele. As already stated, there were 4 deaths from accidental asphyxia, and a death from cirrhosis of the liver and another from volvulus completed the melancholy list.

Premature Live Births

	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died Within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
Weight at birth									
3 lbs. 4 ozs. or less	24	4	10	-	-	-	2	-	2
Over 3 lb. 4oz. up to and including 4 lbs. 6ozs.	18	-	18	1	-	1	1	-	1
Over 4 lb. 6oz. up to and including 4 lbs. 15oz.	19	-	18	2	-	2	2	-	2
Over 4 lb. 15oz. up to and including 5 lb. 8oz.	47	-	46	20	-	20	4	-	4
Totals	104	4	92	23	-	23	9	-	9

Premature Live Births										Premature Stillbirths		
Weight at birth	Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital			Born at home	Born in Nursing Home	
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days						
3 lbs. 4oz. or less	-	-	-	-	-	-	5	-	-	-	-	
Over 3 lb. 4 oz. up to and including 4 lb. 6oz.	-	-	-	-	-	-	11	1	-	-	-	
Over 4 lb. 6oz. up to and including 4 lb. 15 oz.	-	-	-	-	-	-	-	-	-	-	-	
Over 4 lb. 15oz. up to and including 5 lb. 8oz.	1	-	1	-	-	-	3	1	-	-	-	
Totals	1	-	1	-	-	-	19	2	-	-	-	

Stillbirths

The stillbirth rate at 20 per 1,000 was 1.69 higher than last year and only 1.6 per 1,000 better than the figure for England and Wales.

Of the stillbirths registered, 6 occurred in the practice of domiciliary midwives, 1 was an inward transfer and the remainder occurred in hospital. These figures again suggest that the selection of patients for institutional confinements is highly satisfactory.

Deaths of Children aged 1 - 5

There were 8 deaths in this age group as compared with 4 in 1957.

	Cause
Female, aged 1 year	Tuberculous Meningitis
Male, aged 2 years	Laryngo-tracheo bronchitis
Female, aged 2 years	Wilm's Tumour
Female, aged 2 years	Asphyxia due to oedema of the glottis - acute laryngitis
Male, aged 3 years	Broncho-pneumonia in an epileptic defective
Male, aged 4 years	Acute Leukaemia
Male, aged 4 years	Road Accident
Female, aged 4 years	Marasmus in a microcephalic

Perinatal Mortality Survey

The Department co-operated in a perinatal mortality survey organised by the National Birthday Trust Fund with the co-operation of various bodies including the Society of Medical Officers of Health.

Its object was to obtain detailed information concerning all babies born between the 3rd and 9th March and every stillbirth and death under the age of 28 days during the months of March, April and May. Wherever possible post-mortem examinations were carried out at selected centres on all stillbirths and neonatal deaths occurring during the month of March. All concerned with the maternity services, general practitioners, domiciliary midwives, hospitals and local authorities alike contributed to this Survey and one would like to record one's appreciation of the efforts made by your midwives and your staff generally.

The organisers of the survey hope to determine which mothers are at special risk of perinatal loss as a result of social environment and abnormalities of pregnancy and labour, and to consider ways in which these risks can be reduced in the future. They also hope to link conditions in pregnancy and labour with the pathological cause of death.

SECTION 23. MIDWIFERY

Staff

At the end of the year there were 11 full-time domiciliary midwives.

Transport

Motor car allowances were paid to all midwives.

Work of Municipal Midwives

A total of 817 deliveries was attended by your midwives, 96 more than in the previous year. In addition 111 mothers confined in Rochford General Hospital and discharged before the tenth day of the puerperium were cared for by them. Medical practitioners were present at 65 deliveries; the remaining 752 were conducted solely by midwives.

With the coming into operation of the National Health Service Act the lines along which the practice of midwifery was developing were drastically altered and these changes continue inexorably. Delivery in hospital and very early discharge is likely to become the accepted order of things in the future and the rise in the number of mothers discharged before the tenth day of the puerperium is a clear indication of this trend.

It is becoming more difficult to recruit domiciliary midwives. Earlier marriage diverts - if it does not cut short - the professional careers of many women, and so a large proportion of our domiciliary midwives have commitments to husbands and families. The spread of the five-day week and a natural desire to enjoy leisure when husbands are free is a powerful deterrent to recruitment, while in recent years these women with their long professional training who must perforce carry a heavy burden of responsibility have seen women in other and less exacting occupations enjoy a not dissimilar financial reward.

The authority issued free 1,076 sterilised maternity packs for use at other than hospital confinements.

Number of deliveries attended by Municipal Midwives during 1958

	<i>Doctor present at time of delivery</i>	<i>Doctor not present at time of delivery</i>	<i>Total</i>
Doctor booked	60	435	495
Doctor not booked	<u>5</u>	<u>317</u>	<u>322</u>
	<u>65</u>	<u>752</u>	<u>817</u>

Relief of Pain

All your midwives are trained and equipped to administer

trilene in addition to gas and air analgesia. Trilene bids well to displace gas and air, being administered on 428 occasions as compared with 234. In addition pethidine given by intra-muscular injection is commonly employed earlier in labour, and was administered to 414 patients.

The midwives find that both analgesics disappoint a small percentage of patients but that, by and large, very considerable relief of pain is afforded by the administration of either. They report, however, that gas and air analgesia affords a complete relief rather more frequently than does trilene.

MIDWIVES ACT, 1951

Work of Local Supervising Authority

Notice of intention to practise was given by 24 midwives, 6 of whom engaged in private domiciliary practice, and 5 worked in Nursing Homes; between them they attended 996 mothers. Of the 13 midwives employed by the local health authority 2 were respectively the Superintendent of the Domiciliary Midwifery Service and her Deputy, the remaining 11 being employed as whole-time domiciliary midwives.

Medical Aid under Section 14(1) of the Midwives Act, 1951.

Medical aid was summoned on 56 occasions or in 7.4% of cases attended by midwives, a decrease of 1.4% on last year. Details of these are shown below:-

Applications for Medical Aid

a) For mothers:-					
Ruptured perineum	...	...	...	28	
Pyrexia	...	...	...	3	
Early rupture of membranes	...	...	...	-
Malpresentation of foetus	...	...	...	3	
Prolonged labour	...	...	...	5	
Retained placenta	...	...	...	2	
Other conditions	...	...	...	4	
A.P.H.	...	...	...	1	
P.P.H.	...	...	...	<u>2</u>	48
b) For infants:-					
Eye discharges	...	...	...	3	
Prematurity	...	...	...	1	
Other conditions	...	...	...	<u>4</u>	<u>8</u>
					<u>56</u>

Maternal Mortality

For the first time since 1951 and, for the second time in the history of the Borough since maternal mortality was separately recorded, there was no maternal death.

All who have contributed in any way to this supreme achievement deserve both congratulations and thanks.

Maternal Mortality
Comparative rates per 1,000 births (Live and Still)

Year	From Sepsis		Other Causes		Total	
	Southend	England and Wales	Southend	England and Wales	Southend	England and Wales.
1958	-	0.11	-	0.32	-	0.43
1957	-	0.11	0.47	0.36	0.47	0.47
1956	-	0.12	1.00	0.44	1.00	0.56
1955	-	0.16	0.51	0.48	0.51	0.64
1954	-	0.13	0.97	0.56	0.97	0.69
1953	-	0.16	0.96	0.60	0.96	0.76
1952	-	0.16	0.95	0.56	0.95	0.72
1951	-	0.43	-	0.36	-	0.79
1950	0.46	0.12	-	0.74	0.46	0.86
1949	0.41	0.22	-	0.76	0.41	0.98
1948	-	0.29	0.4	0.73	0.4	1.02
1947	-	0.26	0.61	0.92	0.61	1.18
1946	-	0.31	0.68	1.12	0.68	1.43
1945	0.95	0.49	0.95	1.31	1.90	1.80
1944	-	0.60	1.09	1.34	1.09	1.94
1943	0.75	0.73	2.99	1.56	3.74	2.29
1942	1.69	0.8	3.38	1.7	5.07	2.5
1941	2.10	0.8	5.21	2.0	7.31	2.8
1940	1.94	0.8	1.94	1.9	3.88	2.7
1939	-	0.8	1.25	2.2	1.25	3.0
1938	-	0.9	2.56	2.2	2.56	3.1
1937	0.62	1.0	3.74	2.3	4.36	3.3
1936	-	1.4	1.18	2.4	1.18	3.8
1935	0.64	1.7	2.55	2.4	3.19	4.1
1934	0.64	2.0	3.22	2.6	3.86	4.6
1933	1.43	1.8	3.59	2.7	5.02	4.5
1932	2.10	1.6	4.9	2.6	7.0	4.2
1931	0.70	1.7	4.20	2.5	4.90	4.2
1930	-	1.9	2.61	2.5	2.61	4.4
1929	1.44	1.8	3.59	2.5	5.03	4.3
1928	1.99	1.8	1.32	2.6	3.31	4.4
1927	2.17	1.6	2.9	2.5	5.07	4.1
1926	2.55	1.6	3.19	2.5	5.74	4.1
1925	2.62	1.6	1.96	2.5	4.58	4.1
1924	0.69	1.4	2.09	2.5	2.78	3.9
1923	1.35	1.3	1.35	2.5	2.7	3.8
1922	0.65	1.4	3.3	2.4	3.95	3.8
1921	1.22	1.4	2.43	2.5	3.65	3.9

SECTION 24 - HEALTH VISITING

The health visitors on the staff at the end of 1957 were reinforced in January by 2 students on the completion of their sponsored training. This meagre accession was depleted after 4 months by the resignation of one who wished to train for service in the Mission field. In September, another sponsored pupil joined the staff, but during the course of the year family and personal considerations occasioned 3 resignations, and so by its close we had 12 health visitors in post.

The County Borough, notwithstanding its enviable health record, presents problems for this section. Each officer perforce works from the Municipal Health Centre and in consequence much time is spent in travelling. Public transport is by no means convenient and in many of the areas affords no assistance whatsoever in moving from one part to another. The use of rented premises for

clinics imposes the burden of putting away and locking up all our equipment. A high proportion of our families live in shared accommodation, which creates special situations which have repercussions on the health visitors' work. There is moreover, an unusually large proportion of the old, and much effort is diverted to emergency as well as routine visits to the old.

In common with other Corporation departments we find difficulties in the recruitment of those grades of staff for whom career prospects are, by the very nature of their work, unpromising; in fact there seems to be a general and widespread ignorance about the advantages which this area offers the potential resident.

By dint of considerable expenditure on the sponsoring of pupils, staff shortages have been kept at least to the level at which they can be tolerated without serious breakdown, but when in the future the cost of training these officers no longer falls wholly on individual Authorities, more of them are likely to recruit pupils, and so we may find it even more difficult to attract prospective health visitors.

All this is the more regrettable because the department is not without its attractions. Health and welfare functions are completely integrated, and the health visitor is the general purpose social worker. There is a close link and very good understanding with the Children Department, as indeed there are with other agencies whose work impinges upon our own. Moreover many of the health visitors conduct their own clinics, and all have unfettered freedom of access to the general practitioners of the area.

The families of serving soldiers continued to be accommodated under arrangements made by the War Department with various hoteliers and boarding house proprietors. For their better assistance a health visitor regularly holds what is in effect a clinic session at the principal hotel. The following figures show how considerable is the movement of service families:-

Families placed				524
Comprising children aged:	0	-	1	89
	1	-	2	77
	2	-	5	308
	5	-	15	885
Families removed				409
Comprising children aged:	0	-	1	58
	1	-	2	71
	2	-	5	236
	5	-	15	654

Refresher Courses

During the year Mrs.Fairfax attended the Summer School at Oxford, and Mrs.MacGrath the Autumn School at Nottingham.

Work of Health Visitors

Infants under 1 year	...	First visits	2,256
		Subsequent visits	5,718
Children aged 1 - 5 years	...	No.of children visited	7,186
		No.of visits paid	12,405
Expectant mothers	...	First visits	1,277
		Subsequent visits	752
Communicable diseases	...	First visits	1,211
		Subsequent visits	658
Nurseries and Daily Minders		First visits	14
		Subsequent visits	166
Special visits	...	First visits	819
		Subsequent visits	463
Tuberculosis	...	First visits	104
		Subsequent visits	2,799

During the year we made a start with systemised in-service training for health visitors and a course of 8 sessions was arranged, 4 to be held during the month of October, and 4 during the following April when there would be the least likelihood of attendances being affected by annual leave and other causes. In arranging this new venture we received considerable assistance from the staff of the Battersea College of Technology, which is attended by many of your student health visitors, and in the October we entertained the following lecturers:-

Dr. A. R. Somerford

1. "The Approach to Old Age"
2. "Old Age - Mental Outlook"
3. "New Approaches - Prevention and Treatment of Skin diseases"

Dr. A. G. Caws

4. "The Normal Psychological Developments of Childhood and Problems related to them"
5. "The Under Fives and Adolescence"
6. "The Middle Years and Some of their Problems"

Mrs. M. A. K. Westland

7. "The General Aspects of Nutrition"

Miss R. Hale

8. "The Role of the Health Visitor in Mental Health"

The instruction of senior pupils in the girls secondary modern schools is a regular and acceptable feature of the health visitors' work, and in addition they are in much demand from the various local women's organisations to which during the year they gave the following talks:-

<i>Date</i>	<i>Group</i>	<i>Speaker</i>	<i>Subject</i>
19. 5.58.	Southend-on-Sea Civic Guild of Help	S.H.V.	"Health Visiting"
21.10.58.	Wesley Wives Club	Miss Stevens	"Infectious Diseases"
13.11.58	York Road Methodist Guild	S.H.V.	"Health Visiting"
27.11.58	Prittlewell Townswomen's Guild	Miss Reeves	"Home Safety"

SECTION 25 - HOME NURSING

The Home Nursing Service is now so well established as to be taken for granted and one has to remind oneself that up to the inception of the National Health Service there were parts of the County Borough which did not enjoy even the limited service provided through the agency of the Hospital Provident Fund. Your service now appears adequately staffed for the provision of the degree of help to which it is restricted at the present time and later developments, when they come, will be in the direction of a more continuous nursing service to acutely ill patients.

The elderly patient continued to make heavy demands on the service constituting more than half of the persons assisted and requiring just over 70% of all the nursing visits made:-

<i>Patients who were 65 or over at the time of the first visit during the Year</i>			<i>Children who were under 5 at the time of the first visit during the year</i>		<i>Patients who have had more than 24 visits during the year</i>	
<i>No.</i>	<i>Visits paid</i>		<i>No.</i>	<i>Visits paid</i>	<i>No.</i>	<i>Visits paid</i>
1953	1,913	43,120	161	847	858	67,261
1954	2,054	67,517	133	764	975	75,912
1955	2,282	70,279	135	820	1,084	82,444
1956	2,405	75,858	119	701	980	84,508
1957	2,537	82,745	101	588	1,138	89,451
1958	2,581	77,697	130	958	1,079	86,047

At the end of the year, exclusive of supervisory staff, there were employed 24 whole-time nurses (4 being men) and 13 part-time, whose services were equivalent to 7.0 whole-time staff. The names of 9 women and 3 men were on the Roll of the Queen's Institute.

The authority is affiliated to the Queen's Institute of District Nursing and appoints representatives to its Eastern Federation. Your Medical Officer of Health is a member of the Joint County and

County Borough Sub-Committee of the Institute and a member of its Council. The association with the Queen's Institute is much esteemed and the independent inspection by its officers is invariably welcomed by the staff and helpful to those responsible for its conduct.

The classification of the conditions for which nursing attention was required shows one or two interesting changes. The total number of nursing visits paid has declined. This is largely accounted for by the gradual supersession of diuretics given by injection by those which can be taken by mouth, and by the decline from 75 to 38 in the number of patients requiring treatment for pulmonary tuberculosis. The modern drug treatment of this condition is highly successful but involves a prolonged course of injections.

Patients suffering from diabetes who are unable to administer insulin to themselves make heavy and continuous calls on the service so it is gratifying to note that the number requiring this daily service declined from 196 to 163.

Transport

At the end of the year:-

12 car allowances were being paid, two for "bubble" cars.

4 motor-cycle allowances were being paid.

2 nurses used motor cycles from the Central
Transport Pool.

14 pedal cycle allowances were being paid.

The following table shows the variety of conditions for which treatment is afforded in the patients' homes:-

Classification of Conditions treated	NO.OF PATIENTS VISITED					
	1949	1954	1955	1956	1957	1958
Accident	23	27	29	34	30	40
Amputations	6	8	6	9	13	9
Blood Diseases	32	116	141	173	303	362
Bronchitis and pleurisy	81	246	300	300	275	282
Burns and Scalds	20	16	39	35	25	24
Carbuncles,Boils and Abscesses	44	249	295	218	257	238
Cardiac and Circulatory Conditions	200	639	755	840	923	821
Cerebral Haemorrhage ...	142	210	230	222	194	202
Dental conditions	-	16	16	11	13	19
Diabetes Mellitus	142	202	222	192	196	163
Ear,Nose and Throat Conditions	88	280	286	257	190	175
Empyema	-	-	2	4	4	2
Enema (for treatment)	188	266	303	304	304	312
Enema (for investigation)	255	454	482	440	469	483
Eye Conditions	13	20	26	29	20	21
Fractures	27	45	53	59	70	49
Gangrene	9	6	3	1	-	-
Gastric Conditions	19	14	30	13	17	21
Gynaecological Conditions... ..	45	77	81	84	67	74
Helminth Infections	55	33	7	8	3	5
Infectious Diseases	5	9	13	14	8	19
Influenza	11	6	10	6	19	5
Injections (for unclassified causes)	20	29	25	40	36	25
Maternity	7	17	40	51	40	69
Miscarriage	13	6	10	15	17	14
Malignant Diseases	167	170	170	226	188	171
Nervous Diseases	2	14	9	6	13	18
Operations	8	31	19	33	20	38
Orthopaedic	-	18	17	17	29	29
Paralysis (other than strokes)	37	45	55	68	50	86
Pneumonia	90	170	207	181	199	174
Prostatic Conditions	66	59	54	44	32	38
Pyrexia of unknown origin	-	8	13	9	6	5
Rheumatic Diseases	62	94	93	97	104	93
Senility	135	155	165	139	181	206
Skin Conditions	26	30	42	32	36	31
Surgical Dressings	92	101	105	117	152	143
Surgical Tuberculosis) Pulmonary Tuberculosis)	22	94	125	95	82	49
Urinary and Renal Conditions	3	32	62	53	57	62
Ulceration of Legs	36	61	77	67	70	67
Not classified	8	15	20	12	11	12
Total patients	2,199	4,088	4,637	4,555	4,723	4,656
Total visits	56,897	97,698	106,010	110,089	114,712	109,947
Total of whole-time and equivalent whole-time staff	14.5	27	28	31.6	31	33.4

SECTION 26. VACCINATION AND IMMUNISATION

Smallpox Vaccination

The arrangements described in previous reports continued without alteration.

No. vaccinated by:	Total
(a) Private practitioners:	
(i) Primary	1,083
(ii) Re-vaccinations. ...	660
(b) At Council's Clinics	
(i) Primary	306
(ii) Re-vaccination ...	16
	<u>2,065</u>

The number of vaccinations against smallpox which are performed varies very little from year to year, there remaining widespread apathy and a failure to recognise the advantages of primary vaccination during the first 4 years of life.

One child aged 7 months, vaccinated by her private practitioner, developed a severe local reaction with secondary vesiculation around the primary lesion, accompanied by slight febrile reaction. There was no marked general disturbance and recovery was uneventful. We were unable to submit specimens to the Public Health Laboratory Service; as the occurrence was not reported to us early enough to allow this to be done.

Diphtheria Immunisation

Number of children who completed a course of primary immunisation during the year:-

	1958	1957
(a) At Council's Clinics:		
(i) Children under 5	124	99
(ii) Children 5-14	14	20
(b) By Private Practitioners:		
(i) Children under 5	1181	1099
(ii) Children 5-14	<u>35</u>	<u>52</u>
	<u>1354</u>	<u>1270</u>

Number of children who were given a secondary or reinforcing injection:-

	1958	1957
(a) At Council's Clinics:	124	116
(b) By Private practitioners:	<u>305</u>	<u>213</u>
	<u>429</u>	<u>329</u>

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the Ministry of Health, is reproduced overleaf:-

Number of Children at 31.12.58, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1.1.43)

Age at 31.12.58 i.e. Born in Year	Under 1 1958	1-4 1954- 1957	5-9 1949- 1953	10-14 1944- 1948	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1954-1958	152	4,207	4,582	667	9,608
B. 1953 or earlier	-	-	4,074	8,366	12,440
C. Estimated mid- year child population	2,080	7,420	23,800		33,300
Immunity Index	(7.3%)	(56.7%)	(22%)		(28.8%)

Poliomyelitis Vaccination

Late in 1957 the Ministry of Health decided to offer vaccination against poliomyelitis to all children between the ages of 6 months and 15 years. To provide the vaccine required by this new programme British supplies were to be augmented by importation from the United States and Canada. Parents were to be told that imported vaccine would be subjected to British safety tests and to have the opportunity of deciding which vaccine was to be administered to their children. For the first time vaccine was to be released to general practitioners, thus bringing the arrangements for vaccination against this disease in line with other immunological procedures such as vaccination against smallpox and immunisation against diphtheria and whooping cough.

On December 31st, as the following table shows, there were nearly 15,000 persons registered for vaccination:-

Children born 1943 - 1946	6581
Children born 1947-1957	8090
Expectant Mothers	152
General Practitioners and families	95
Ambulance Staff and families	9
	<u>14927</u>

This new programme raised questions not previously met. Hitherto only children born in certain specified years had been eligible for vaccination; now all children in a family could be treated. The case for offering vaccination at the same time to all the registered children in a family was quite unanswerable, but a fair way of arranging this was not easy to devise. Any method of selection for treatment with vaccine in short supply had to be both impartial and easily understood; it was finally decided to offer vaccination according to the birth month of the youngest

registered child. This was a fortunate decision, being accepted without question. It also had the advantage of ensuring a fair distribution of such vaccine as became available, as between individual practitioners, and between them and the Public Health Department.

The imported vaccine was packaged in multi-dose containers, the contents of which must be discarded if not used within a few hours of opening. The Local Medical Committee, with whom the arrangements were discussed, realised that the issue of multi-dose containers to general practitioners must, at this juncture, be accompanied by an unacceptable waste of material and they therefore recommended that only the vaccine in single dose containers should be issued to general practitioners for the time being.

We had to devise machinery for informing a parent when vaccine was available for his child, advising him how to make arrangements with his doctor for vaccination to be carried out, and to issue the vaccine required. We had printed and bound in a single fasciculus, a letter to parents, requisition forms for the first and second dose respectively, and a covering letter for the dispatch of the registration card to the general practitioner. The lay-out of these forms was arranged for use with window envelopes in such a way as to require the relevant particulars - the names of the children, their addresses, and the names of the doctors - to be typed only once. As the letter to the parent may not be without interest, it is reproduced below:-

"

Poliomyelitis Vaccination

Vaccine is now available to the named medical practitioner.

You should enquire immediately from the doctor whether he desires to carry out the vaccination, and if so, when and where you should attend.

The vaccine can be issued only at the request of the doctor, so prior arrangements must be made to ensure that it will be available when the vaccination is to be carried out.

The vaccine will be reserved for you for 28 days and no longer.

If by then arrangements have not been made for the vaccination and the vaccine requisitioned this offer will be withdrawn (either you or your doctor can request postponement before the end of 28 days).

Vaccine not taken up when offered will be released for those still awaiting treatment and no further opportunity will be afforded those who now fail to avail themselves of these arrangements.

The second dose of vaccine, to be administered about 28 days after the first dose, will be made available on the same conditions as for the first dose.

A practitioner is entitled to decline to perform the

vaccination, in which case you will, on request, be treated without further delay by the Public Health Department.

You may be required by your doctor to collect the vaccine from the Health Centre at Warrior Square.

The vaccine will only be issued to adults and on presentation of the official form which is issued to medical practitioners.

No exception to this rule can be permitted.

Those collecting the vaccine must take it without delay to the doctor, because the vaccine deteriorates if stored under unsatisfactory conditions, when it may fail to protect.

No correspondence can be entered upon concerning this offer. Enquiries should be directed to your doctor who will, if necessary, deal with the Public Health Department. "

The requisition forms required to be signed by the doctor before presentation at the Health Centre. They served as a receipt for the vaccine and of course, no dispute could arise as to the particular child for whom the vaccine had been issued.

We had been advised that supplies of vaccine could not be guaranteed, for which reason we began by issuing invitations only for those children for whom we had two doses of vaccine in stock. It was however, so important to vaccinate as many children as possible before the summer that we doubted whether our cautious attitude was justifiable. On reviewing the situation we decided to accept the calculated risks involved in inviting children for whom we only had the first dose.

By the end of March we foresaw difficulties in honouring our commitments, and tried without avail to borrow vaccine from other Authorities, who found themselves in exactly the same difficulty. We then had the humiliation of writing to parents to explain that we were unable temporarily to complete the vaccination of their children.

This failure of supply led the Ministry of Health once more to alter its arrangements by deciding to import, and release without further testing, vaccine which had been licensed for use in its country of origin. In announcing the new arrangements Local Authorities were required to inform parents that the British safety tests would not necessarily have been applied to the vaccine to be made available for their children, and to give them the opportunity of deferring vaccination until British vaccine became available.

The release of these new supplies not only enabled us to invite parents who were waiting for British vaccine to

reconsider their decision in the light of current experience, but removed the obstacle to the complete participation of general practitioners in these arrangements.

The multi-dose container, however, continued to plague us and we had to devise a system whereby doctors could arrange to vaccinate groups of their own patients. This involved yet another approach to the parents who were advised:-

" If you wish to accept this offer, you should complete, and either send or take to your family doctor, the slip at the bottom of this letter.

He will then inform you when your child should attend at his surgery to be vaccinated. The vaccine comes in containers each of which holds 9 doses. Once the container is opened, the vaccine must be used within a few hours or thrown away. To avoid waste of vaccine doctors will need to arrange for the attendance of a suitable number of children at one time, so it is important that you should keep the appointment your doctor will make. You will appreciate it will not be practicable for your doctor to make a special arrangement to suit individual convenience.

If you do not wish to accept this offer, do nothing. I will arrange to issue British vaccine for administration by your doctor as supplies are received and your child's turn is reached."

The last stage was reached by the end of July when we were in a position almost to vaccinate upon request those who had not been included in the previous registrations.

Throughout the vicissitudes of this great undertaking we had given an absolute priority to the expectant mother in the belief that for both social and medical reasons she was the most urgent risk. We saw to it that whether an expectant mother wished to come to the clinic or be vaccinated by her own doctor, there was available to her one of the precious single dose containers; in retrospect we believe this policy to have been fully justified.

In September the Ministry announced arrangements for extending vaccination to persons up to the age of 25, and for administering third injections to those who had completed the primary course not less than 7 months before. Our administrative arrangements were quite suitable for dealing with this new development, and apart from the need for additional sessions and new publicity, made very small further demands upon us.

By the close of the year 28,274 individuals had received two doses and a third dose had been administered to 5,790 persons.

Not only had the department successfully dealt with the huge administrative burden of this scheme in which it had encountered order and counter-order without finding itself involved in disorder, but it had also carried out a total of 56,400 injections. It had involved publicity, press relations, the organising of special sessions in schools and additional sessions at our clinics. The work and help of those who made this achievement possible is most gratefully acknowledged. The local medical profession accepted certain not inconsiderable financial loss by deciding not to exercise its rights to participate in the vaccination arrangements at the beginning of the year and, all through, showed a helpful understanding of our situation. The local Press always dealt in a responsible and helpful manner with the various situations as they arose, exercising considerable restraint when the public was much exercised about the various developments in the situation. To the British Red Cross Society we are indebted for the constant and invaluable assistance of their members who acted as receptionists at our special clinic sessions, and as always we were much helped by the Education Committee and its teachers.

But when all is said and done this operation was carried to a successful conclusion by the staff, and one would like to pay special tribute to those who, precluded from contact with the public, missed the inevitable excitement and stimulus which a big job invariably generates, and carried out faithfully the monotonous and seemingly endless tasks of indexing registration cards, assembling them in the prescribed order, and in addressing the torrent of communications which ceaselessly poured out from the office.

SECTION 27. AMBULANCE SERVICE

Mr. E. A. Beasant, Ambulance Officer, reports: -

The administrative arrangements during the year remained unchanged.

The local division of the St. John Ambulance Brigade acts as the Corporation's agent in providing an accident and invalid ambulance service, whilst patients suffering from infectious diseases, including tuberculosis, are conveyed by the Corporation's own ambulances. Sitting cases are carried in the Corporation's sitting-case ambulances, by the Hospital Car Service, and by vehicles from the Corporation's central transport pool.

The following are particulars of the work undertaken by the service during the year:-

Service	Mileage	Patients Carried	Journeys	
			Patient-carrying	Abortive & Service
St. John Ambulance Brigade	89,195	13,675	4,772	218
I.D. Ambulances	2,189	359	228	20
Sitting-case Ambulances	39,799	20,528	4,262	92
Corporation Car Pool	13,037	616	492	4
Hospital Car Service	181,548	40,664	3,603	39
Private Hire Cars	206	12	10	-
Totals	325,974	75,854	13,367	373

Compared with last year the total mileage increased by 10,701 (from 315,273 to 325,974) and the total number of patients carried by 1,495 (from 74,359 to 75,854). This service has grown every year since the National Health Service Act came into operation. In 1949, the first full year of operation, the total mileage undertaken by the service was 172,475; now it has practically doubled. Increases of this magnitude are common to all Authorities, and are due to a variety of reasons, the chief of which are advances in medical and surgical techniques allowing of a much quicker "turnover" of patients admitted to hospital, and to the vast increase in numbers of patients treated at out-patient clinics.

This is a service which the local authorities are required to provide, but over which they have but little control, for its use is very largely dictated by the hospitals, for which reason it would appear logical that it should have been a function of the hospital Management Committees rather than the local Authorities. It must be said, however, that locally every help is given by the hospital officers to ensure the most economical use of the service,

and we would again take this opportunity of expressing our thanks to the hospital transport officers for their continued assistance and co-operation in ensuring that the service is restricted to patients for whom it is essential.

Costs continue to rise. For the purposes of the Ministry of Health Costing Returns local authorities are divided into groups, Southend being included in a group of 66 County Boroughs of comparable size. For the financial year 1958/59 this return shows that in Southend the cost of Transport per person was 7s.8d (the lowest) compared to the group average of 14s7d., the cost per mile 3s.8d compared to the group average of 3s.9d., the cost per one thousand population £188 compared to the group average of £263, and the number of patients conveyed per one thousand population 489 compared to the group average of 360.

The following table shows some comparisons with the previous year, and it will be seen that the use of the service for the transport of sitting patients accounts for almost all the increase:-

	MILES				PATIENTS				MILES PER PATIENT			
	1958	1957	INC.	DEC.	1958	1957	INC.	DEC.	1958	1957	INC.	DEC.
S. J. A. B.	89,195	89,374	-	179	13,675	13,257	418	-	6.52	6.74	-	.22
L. D. Ambulances	2,189	2,919	-	730	359	484	-	125	6.10	6.03	.07	-
H. C. S.	181,548	159,381	22,167	-	40,664	33,843	6,821	-	4.46	4.71	-	.25
S/Case Ambs.	39,799	51,887	-	12,088	20,528	26,121	-	5,593	1.94	1.99	-	.05
Corpn. Car Pool	13,037	11,369	1,668	-	616	518	98	-	21.17	21.95	-	.78
Private Hire Cars	206	49	157	-	12	3	9	-	17.17	16.33	.84	-
Corpn. Buses	-	294	-	294	-	133	-	133	-	2.21	-	2.21
TOTALS	325,974	315,273	10,701	-	75,854	74,359	1,495	-	4.30	4.24	.06	-

The decrease in the use of the Corporation's sitting-case ambulances is accounted for by the fact that in 1957 the two-stretcher vehicles were frequently used in addition to the sitting-case vehicles for the transport of sitting patients to and from the outpatients department. This did not, however, prove economical and in 1958 some of this work was returned to the Hospital Car Service. By the end of the year the two sitting-case ambulances were nearing the end of their useful life, and the Committee authorised their replacement by two diesel-engined sitting-case vehicles which our experience shows will be more economical to run.

Our experience of the diesel-engined stretcher vehicles has been entirely satisfactory and any misgivings which we may have felt regarding discomfort to patients by vibration have proved unfounded. When the two new sitting-case vehicles are delivered all your ambulances will be diesel-engined, and all replacements being purchased by the St. John Ambulance Brigade are also of the diesel-engined type.

Patients who have to travel long journeys are normally conveyed by rail with ambulance transport between termini, and the following table shows the number of patients carried by this method since 1953:-

Rail Journeys

	1953	1954	1955	1956	1957	1958
Rail Mileage	12,361	21,676	20,668	23,220	21,409	22,150
No. of Patients	242	492	422	512	460	471
Cost	£11. 10.11	£195. 19.6.	£168. 15.2.	£199. 8. 0.	£187. 12. 6.	£146.19.2

The service continues to run as economically as we can expect with due regard to efficiency, and we would again take the opportunity of expressing our thanks to Superintendent E. A. Harris, M.B.E., and the officers and personnel of the St. John Ambulance Brigade, the Hospital Car Service, and the officers of the Hospital Management Committee, for their continued help and co-operation.

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE

1. TUBERCULOSIS

Your arrangements for the prevention of tuberculosis and its after care continued to be satisfactory and to utilise, as appropriate, all available facilities and agencies. Liaison with the hospital tuberculosis service is close and cordial.

That tuberculosis has now ceased to be an acute major pre-occupation, we owe to new drugs at our command and progress in anaesthesia and thoracic surgery. Nevertheless, the disease is likely to remain with us for a long time because breakdown of earlier healed lesions can occur at any age and, indeed, is not uncommon in the old.

Just as penicillin resistant strains of the staphylococcus have emerged, drug resistance is not unknown in tuberculosis. As its incidence can be much reduced by persistent and adequately supervised chemo-therapy, the best efforts of all need to be directed to this end.

The work of your case assistant in dealing with the non-medical problems which arise in the course of a long illness continues to be appreciated by patients and doctors alike. It is of interest to know that the two major matters requiring attention by her were financial assistance, and rehabilitation and employment.

Dr.E.G.Sita Lumsden informs me that during the year a total of 427 new contacts were examined at the Chest Clinic, of whom 7 were found to be suffering from the disease. In addition 6 contacts who were under surveillance from previous years were also notified. The number of attendances made by contacts was 2,288.

The arrangements described in last year's report for the provision of transport for the tuberculosis health visitor, Mrs.Wilson, have made the replacement of Miss Lukey unnecessary.

There were 73 households in the borough where one of the members was known at some time during the year to have been excreting myco-bacterium tuberculosis. Of these:-

- (i) 36 were positive for the first time
- (ii) 12 were relapsed cases who were known to have been positive in the past
- (iii) 25 were classified as chronic open cases.

The fate of these three groups was as follows;-

- (i) 34 were converted, 2 died,
- (ii) all were converted, none died.
- (iii) 9 were converted with treatment, 4 died and 12 were still known or thought to be positive at the end of the year.

Home Treatment of tuberculosis is now well established as an adjunct to, and not a substitute for, hospital treatment. Its success owes much to the home nursing service which paid 2,016 nursing visits to a total of 47 patients.

Domestic Help Service

The section provided help for 4 households as compared with 11 in the previous year.

Extra Nourishment

A daily issue of one pint of milk was made without charge to 39 patients during the year.

B.C.G. Vaccination

(a) Contacts

A total of 200 children, contacts of patients suffering from tuberculosis (in many cases a parent), were vaccinated with B.C.G.; an increase of 72 on the previous year.

(b) School Children, Circular 22/53

The percentage of positive reactors again fell, this time to 9%, or less than half of what it was only 5 years ago.

Vaccination against poliomyelitis interfered with the B.C.G. programme particularly in the grammar schools, for which reason the acceptance rate of 67% relates only to the secondary modern schools. We had hoped to complete the poliomyelitis vaccinations in the early part of the year, and to follow these with B.C.G. Supply difficulties with poliomyelitis vaccine frustrated this intention and led to the postponement of vaccination with B.C.G.

Details of work are set out overleaf:-

School	No. Invited	No. Consented	Positive	Negative B.C.G. Vaccinated
Belfairs H.S. (Girls)	188	128	5	103
Shoebury H.S. (Girls)	70	61	3	48
Shoebury H.S. (Boys)	80	70	4	59
Eastwood H.S. (Girls)	74	50	3	45
Eastwood H.S. (Boys)	78	36	4	32
Fairfax H.S. (Boys)	162	113	7	89
St. Bernard's H. S. (Girls)	109	81	14	52
Southend H.S. (Boys)	116	88	1	67
Southend H.S. (Girls)	*	55	6	38
Westcliff H.S. (Girls)	*	43	4	36
Westcliff H.S. (Boys)	*	75	3	62
Southchurch H.S. (Boys)	140	56	12	34
		856	66	665

* The total invited at these schools is not given; the number of consents relating only to those children who were not included in the current poliomyelitis vaccination.

As to the efficacy of the vaccine employed, it is reassuring to know that all the 575 children who were Mantoux tested subsequent to vaccination had converted to the positive state.

School	No. re-tested.
Shoebury H.S. Girls	28
Shoebury H.S. Boys	20
Eastwood H.S. Girls	25
Eastwood H.S. Boys	35
Fairfax H.S. Boys	78
St. Bernards H.S. Girls	61
Southend H.S. Boys	110
Southend H.S. Girls	71
Westcliff H.S. Girls	71
Westcliff H.S. Boys	39
Southchurch H.S. Boys	37
	<u>575</u>

Tuberculosis After Care Sub-Committee

The following statistics furnished by the secretary, Mr.C.Clancy,F.Comm.A., to whom we are much indebted, relate to the Tuberculosis After Care Sub-Committee of the Civic Guild of Help, to which the Council made a grant of £500.

Type of Assistance	Number Assisted	Cost		
		£.	s.	d.
Clothing	9	75	11	3
Travel vouchers to visit patients in hospitals and sanatoria	6	26	6	11
Furniture etc.	6	47	8	9
Groceries and milk	2	42	10	6
Insurances	8	44	14	7
Materials for Occupational Therapy	2	6	11	10
Miscellaneous	7	43	3	4
Christmas Gifts	26	32	3	4
	66	£318	10	6

2. ILLNESS GENERALLY

Convalescent and After-Care Homes

During the year, 36 patients were provided with recuperative holidays or after-care for periods which varied from two to six weeks. The total cost of this provision was £688.2s.0d., towards which patients or their relatives contributed £184. 19s.5d.

Home Nursing Requisites

Requisites most universally in demand are supplied on loan by the local division of the St.John Ambulance Brigade, to which the Council made a grant of £100 towards the cost of equipment. Superintendent Harris has kindly furnished the following information about articles loaned during the year:-

Patients assisted	...	...	1,393
Average period of loan	...	...	6/7 weeks
Articles loaned, as under:-			

Bedpans	479
Urinals	117
Rubber sheets	458
Back rests	177
Wheel chairs	249
Bed-tables	14
Air-rings	191
Commodes	70
Crutches (pairs)	33
Walking sticks	15
Bed cradles	71
Feeding cups	22
Enema syringes	1
Air beds	4
Sputum mugs	1
Steam kettles	4

1,906

THE HARD OF HEARING

The Southend-on-Sea Hard of Hearing Group continued to meet weekly at the British Red Cross Association's premises at 4, Nelson Street, until 7th October when the venue was changed to the Liberal Hall, Clarence Road.

SECTION 29. DOMESTIC HELP

The direction and administration of this scheme remained unaltered throughout the year. Your expenditure per 1,000 population rose by £9.3s.0d to £145.9s.0d whereas the national average increased by £14.13s.0d to £130.18s.0d.

The service continues to play an indispensable part in preventing or delaying the admission of the elderly to Part III beds thus retaining them in the community and relieving pressure on your accommodation. It also lessens the demands for hospital admission and permits of the domiciliary confinement of many mothers who, without its assistance, would be compelled to seek admission to the maternity unit.

The cost per case serviced increased by £1.16s.0d to £25.10s.0d whereas the national average rose by £1.13s.0d to £28.6s.0d. These comparisons confirm the view previously expressed that your relatively high expenditure is directly related to the large number of persons who are assisted.

The number of individual families who received help during the year was 1,291 as compared with 1,115 in the previous year.

Domestic and Home Help Scheme 1958

Staff employed:-		on 1.1.58	on 31.12.58
Full-time	...	21	21
Part-time	...	<u>111</u>	<u>119</u>
		<u>132</u>	<u>140</u>

Number of cases assisted:-

Domestic Help	...	857
Home Help	...	327

of these

572	were	assisted	under	1 month
139	"	"	"	1-3 months
63	"	"	"	3-6 months
135	"	"	"	6-12 months
275	"	"	"	over 12 months

Assessments				Domestic Help	Home Help
FREE	...	...	...	127	8
10s.0d per week and under			...	450	8
Over 10s.0d and under £1.			...	38	9
£1 - £1.10s.	...	...	...	39	45
£1.10s. - £2	...	...	...	14	90
£2 - £3	...	...	...	19	47
£3 - £4	...	...	...	12	34
£4 - £5	...	...	...	4	19
£5 - £6	...	...	...	1	4
£6 - £7	...	...	...	3	2
FULL COST	...	...	...	150	41
Total Wages Paid				£27,472.17s.5d	
Total Collections				£5,801.9s.6d	

SECTION 51 - MENTAL HEALTH SERVICE

There were no significant changes to report; the trends noted in previous years were continued. These can be summarised as a growing awareness of the potentialities of psychiatric treatment and its more ready acceptance by the patient and his relatives, more inclination to resort to informal procedures, and a continuing shortage of beds with its resultant pressure on your Part III accommodation.

Your Duly Authorised Officers have drawn attention to the fact that half the admissions to the psychiatric wards of Rochford Hospital which were arranged by them, were achieved without resort to legal formality and that, as regards admission to Runwell Hospital, only 12 were initially dealt with in a manner which involved a Justice. They note the increasing service of the senior staff of Runwell Hospital in connection with domiciliary consultation and report with satisfaction that the number of cases referred to them outside office hours fell from 107 to 89; observing however, that in a quarter of these cases no action was deemed necessary.

The total number of patients admitted to hospital rose from 541 to a grand total of 590. The increase was wholly in respect of the admission of women and it is interesting to note that at all ages, with the exception of two quinquennia, ages 51 to 55 and 61 to 65, the number of female admissions was greater than in the previous year.

What your Duly Authorised Officers report about the source and nature of the referrals to them is evidence of their acceptance by the public and the profession alike, but they are of the opinion that the time is now ripe for them to engage in an expanding programme of community care. Such

care requires to be orientated and directed by those in medical charge of the patient and there is little we can do at this juncture except patiently to demonstrate both our willingness and our ability to be of use.

Mental Illness: Work of the Duly Authorised Officers:

Patients admitted to Runwell Hospital:-

	Males	Females	Total
Lunacy Act, 1890			
(a) Section II, Urgency Order	8	27	35
(b) Section 16. Summary Reception	24	21	45
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	-	5	5
(b) Section 1. Voluntary Patients	63	145	208
(c) Section 1. Voluntary Patients, direct admissions	52	84	136
Patients admitted to Rochford General Hospital Observation Wards:-			
Lunacy Act, 1890			
Section 20 (3-day orders)	41	40	81
Section 21 (1) Justice's Temporary Removal Order	-	-	-
Section 21 (2) Justice's 14-day order	-	-	-
Direct admissions (without Order)	<u>32</u>	<u>48</u>	<u>80</u>
<div style="text-align: right;">Total</div>	<u>220</u>	<u>370</u>	<u>590</u>
Section 28, N. H. S. Act 1946			
Pre-Care	16	59	75
After-Care	<u>100</u>	<u>218</u>	<u>318</u>
	<u>116</u>	<u>277</u>	<u>393</u>
Cases referred to the Department in which no statutory action was taken	2	32	34

Of 161 patients admitted to Rochford Hospital (Section 20 - "3 day orders") and direct without order, 20 were aged 70-75 years and 36 were over 75 years of age. The following table shows how they were dealt with:-

In hospital on 31.12.57	<u>26</u>	
To Runwell Hospital as Certified Patients		13
To Runwell Hospital as Temporary Patients		2
To Runwell Hospital as Voluntary Patients		7
To Connaught House (Part III Accommodation)		10
To General Wards		2
Died in Rochford General Hospital		33
To relatives		93
Still in Hospital 31.12.58		<u>27</u>
		<u>187</u>

The recurrent nature of mental illness is well illustrated by the fact that no fewer than 60 of the patients re-admitted to Runwell Hospital returned less than one month after being discharged. The following table, which relates to admissions to Runwell Hospital, shows how frequently the mentally ill relapse:-

Previous admission	0	1	2	3	4	5	6	7	8	9	10	11	12	13	15
No. of cases	174	88	42	25	23	14	11	3	2	2	2	2	4	2	1
No. (included above) of direct voluntary admissions (Mental Treatment Act, 1930 Section 1)	72	27	23	5	3	3	-	-	2	-	-	-	-	1	-

In addition, 34 patients were re-classified on the expiry of urgency orders.

Sources of referral	Method of Disposal		After-Care	Pre-Care	No. Action	Total
	To Runwell	To Rochford				
Doctors	112	87	50	43	19	311
Relatives, friends	8	6	64	6	6	90
Psychiatric Services (including Psychiatric Out-Patient Clinic)	192	35	11	4	1	243
Police	4	16	9	4	2	35
Southend General Hospital	28	11	3	4	4	50
Personal Application	9	3	158	2	1	173
Transfers from Rochford General Hospital	33	-	-	-	-	33
Reclassifications	43	-	-	-	-	43
Other sources	-	3	23	12	1	39
Total	429	161	318	75	34	1017

Disposal of patients not requiring statutory action	New Patients	Former Patients
To Psychiatric Out-Patient Clinic	19	33
Referred re Part III Accommodation	15	5
For follow-up by D. A. Os.	22	12
To General Hospitals	7	2
To superintendent of Home Nursing	3	-
To Home Help Organiser	4	1
To Private Residential Accommodation	5	22
To Mental After-Care Homes	-	2
To employment	-	5
Total	75	82

Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946 1,709

	Male	Female	Total
N. A. A. 1948 Sections 48 and 50 (Protection of Property)	17	52	69
No. of visits ...	127		
Supervision of Male Mental Defectives:			
Statutory - 15	Licence - 2		
Voluntary - 12			
No. of visits ...	79		
Total No. of visits 1,915			

Patients admitted to Runwell and Rochford Hospitals, 1958

	MALE															FEMALE														
	Under 16	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	over 75	Total	Under 16	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	over 75	Total
Runwell Certified Sec. 16 L.A. 1890	-	1	5	1	6	2	-	1	1	2	3	2	-	-	24	-	1	-	2	2	2	2	-	2	2	3	-	3	4	21
* Urgency Sec. 11 L.A. 1890	-	-	2	1	1	1	-	-	2	-	-	-	-	1	8	-	2	-	3	1	5	1	-	4	2	2	1	3	3	27
Temporary Sec. 5 M.T.A. 1930	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	1	-	-	-	-	-	5
Voluntary Sec. 1 M.T.A. 1930	-	1	7	4	7	5	4	5	5	2	10	5	3	5	63	1	4	8	9	10	13	13	17	10	12	12	16	10	10	145
Rochford Hospital Sec. 20 L.A. 1890	-	2	3	3	2	2	2	3	2	2	6	2	5	7	41	-	-	-	2	2	3	2	4	1	3	1	6	3	13	40
Informal admission to Rochford	-	-	2	2	1	3	2	-	3	5	-	6	2	6	32	-	-	-	2	2	5	6	-	1	4	8	10	10	-	48
TOTAL	-	4	19	11	17	13	8	9	13	11	19	15	10	19	168	1	7	8	17	17	26	23	27	17	21	22	31	29	40	286
Direct Voluntary (Not requiring action by Dept.)	3	3	3	2	6	-	6	7	2	2	6	10	1	1	52	-	3	2	7	9	8	5	13	12	10	5	4	4	2	84
TOTAL	3	7	22	13	23	13	14	16	15	13	25	25	11	20	220	1	10	10	24	26	34	28	40	29	31	27	35	33	42	370

* NOTE: An urgency order (Sec. 11) is only operative for 7 days, and patients admitted pursuant to Sec. 11 must, therefore, be disposed of under other provisions, namely Sec. 16 or Mental Treatment Act 1930, Sec. 1. Thus while there were 293 admission procedures to Runwell Hospital undertaken by the Department, only 258 individuals were involved.

MENTAL DEFICIENCY

Following the publication of the Report of the Royal Commission the Minister of Health issued in January, 1958, guidance to hospitals and local authorities regarding the informal admission of patients to mental deficiency hospitals and institutions, and the review of patients already in hospital and under guardianship. It was recommended that informal procedure not involving detention should be used in all suitable cases when a patient was admitted to hospital, and that wherever possible, patients under orders of detention should be discharged from statutory control and remain in hospital on an informal basis.

During the year a total of 49 patients for whom this local authority is responsible, were discharged from order on the recommendation of the various mental deficiency hospital management committees concerned. As these patients were incapable of leading an independent life, it was anticipated that they would not leave hospital of their own volition.

Two patients living in their own homes under guardianship were discharged on similar grounds. The review continues.

Ascertainment

A total of 45 patients were notified, three less than in the previous year; 12 were reported by the Chief Education Officer, 4 by the Courts or Police, 8 by the School Health Service, 11 by other local health authorities, 5 by hospitals or doctors and 5 from other sources.

1. Particulars of cases reported during 1958

(a) Cases ascertained to be defectives "subject to be dealt with" :-

Number in which action taken on reports by :-

(1) Local Education Authorities on children:-

(i) While at school or liable to attend school

(ii) On leaving special schools

(iii) On leaving ordinary schools

(2) Police or by Courts

(3) Other sources

TOTAL OF 1 (a)

Under Age 16		Aged 16 & Over	
M	F	M	F
1	6	-	-
1	1	-	-
-	1	-	-
-	-	1	-
-	2	-	1
2	10	1	1

	Under Age 16		Aged 16 & Over	
	M	F	M	F
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	6	5	6	6
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	-	-	3	2
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b)	-	-	1	2
TOTAL OF 1(a)-(d) inc.	8	15	11	11
2 Disposal of cases reported during 1958				
(The total of 2(a), (b) and (c) must agree with that of 1(a) and (b) above)				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number:				
(i) Placed under Statutory Supervision	2	8	-	1
(ii) Placed under Guardianship	-	-	-	-
(iii) Taken to "Places of Safety"	-	-	-	-
(iv) Admitted to Hospitals	-	1	1	-
TOTAL OF 2(a)	2	9	1	1
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number:				
(i) Placed under Voluntary Supervision	4	5	3	5
(ii) Action unnecessary	-	-	2	-
TOTAL OF 2(b)	4	5	5	5
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged	2	1	1	1
TOTAL OF 2(a) - (c) inc.	8	15	7	7

Approved Home:

Respite for relative 1

Private Accommodation:

To allow parents to proceed on holiday 2

Only one application could not be satisfied. This was for the admission during the earlier part of the year, to South Ockendon,

of a boy during his mother's confinement.

3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1958 and admitted to :-

- (a) National Health Service Hospitals
- (b) Elsewhere

TOTAL

Under Age 16		Aged 16 & Over	
M	F	M	F
2	3	-	1
2	1	-	-
4	4	-	1

Total Cases on the Register

During the year, the total number of cases on the Register decreased by 3 although there were 6 more patients in institutions. A patient under guardianship and 2 on licence from institutions were discharged from Order and left town. A patient who had absconded from an institution and could not be traced was discharged by the Board of Control, and six patients died. A total of 8 patients under supervision left town and were referred to the local health authorities into whose areas they had removed, and 2 were lost trace of. In 10 cases, supervision was considered to be no longer necessary.

4. Total cases on Authority's Register at 31.12.58

(i) Under Statutory Supervision

- (a) Living in the Community
- (b) In Residential Accommodation

(ii) Under guardianship

- (a) Within the Borough
- (b) Outside the Borough

(iii) In "Places of Safety"

(iv) In Hospitals

- (a) Institutions (under Order)
- (b) Institutions (on informal basis)
- (c) On licence from Institutions
- (d) In Approved Homes

(v) Under Voluntary Supervision

TOTAL

Under age 16		Age 16 & Over	
M	F	M	F
14	20	52	56
-	-	-	3
-	-	-	-
-	1	-	1
-	-	-	-
7	5	54	47
10	4	24	23
-	-	3	2
-	-	2	1
11	14	45	54
42	44	180	187

	Under age 16		Aged 16 & Over	
	M	F	M	F
5. Distribution of Patients receiving Institutional Care of all kinds as on 31.12.58. (excluding those on licence)				
Royal Eastern Counties Hospital	1	-	37	22
South Ockendon Institution and branches	16	9	29	37
Royal Earlswood Institution	-	-	4	2
Leybourne Grange Colony	-	-	1	-
Hortham Hospital	-	-	1	2
Princess Christian's Farm Colony	-	-	1	2
The Glenfrith Hospital	-	-	1	-
St. Mary's, Alton	-	-	-	1
Harmston Hall	-	-	1	-
St. Theresa's	-	-	-	2
Royal Western Counties Institution	-	-	1	-
St. Raphael's	-	-	1	-
Little Plumstead Hall	-	-	-	1
Darenth Park	-	-	-	1
Leavesden Hospital	-	-	1	-
Field Place Approved Home	-	-	-	1
Hamilton Lodge Approved Home	-	-	2	-
Connaught House	-	-	-	1
Other residential accommodation	-	-	-	2
TOTALS	17	9	80	74
Total number of defectives under community care on 31.12.58	25	35	100	113
TOTALS	42	44	180	187

Institutional Care

By the 31st December, 1957, the number of patients awaiting institutional care stood at 19, an increase of 8 on the previous year. Of these 9 were classified as urgent, compared with 4 at the end of 1956; 10 patients out of the total of 19 were admitted to South Ockendon Institution during 1958, and the names of 3 others were removed for various reasons; 14 new names were added to the waiting list, and 6 of these were admitted during the year; 2 left the area before their disposal could be arranged; 1 was too young to be dealt with, and for one an institutional vacancy was offered and refused by the patient and her relatives.

	Under Age 16		Aged 16 & Over	
	M	F	M	F
6. Classification of defectives in the Community on 31.12.58 (according to need at that date)				
(a) Cases included in 4(i) - (iii) in need of hospital care reported accordingly to the hospital authority:-				
(1) In urgent need of hospital care:-				
(i) "cot and chair" cases	-	1	-	-
(ii) ambulant low grade cases	2	2	-	-
(iii) medium grade cases	-	-	-	-
(iv) high grade cases	-	-	-	-
TOTAL urgent cases	2	3	-	-

	Under Age 16		Aged 16 & Over	
	M	F	M	F
(2) Not in urgent need of hospital care:-				
(i) "cot and chair" cases	-	-	-	-
(ii) ambulant low grade cases	-	2	-	2
(iii) medium grade cases	1	-	-	-
(iv) high grade cases	-	-	-	-
TOTAL non-urgent cases	1	2	-	2
TOTAL of urgent and non-urgent cases	3	5	-	2
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:-				
(i) occupation centre	19	18	13	30
(ii) industrial centre	-	-	10	15
(iii) home training	-	-	-	-
TOTAL of 6(b)	19	18	23	45
(c) Of the cases included in 6(b), number receiving training on 31.12.58:-				
(i) in occupation centre (including voluntary centre)	17	16	-	6
(ii) in industrial centre	-	-	-	-
(iii) from a home teacher in groups	-	-	-	-
(iv) from a home teacher at home (not in groups)	-	-	-	-
TOTAL of 6(c)	17	16	-	6

Mention has already been made of the new system of informal admission of patients to mental deficiency hospitals which began early this year; 12 out of the 16 patients admitted in the course of the year to South Ockendon Institution were received on an informal basis. In the case of patients over the age of sixteen years, capable of understanding what was proposed, this would have meant their giving written consent to the arrangement. In fact only 3 of them were capable of doing this, one of whom refused and so remained at home. In the other cases the parents signed a simple application for the patient's admission and an undertaking to respect the rules of the hospital. Patients so admitted are not under detention, and in one instance the parents removed their small son within less than three weeks because he was not taking his food and appeared to be fretting.

Three of the four patients who were admitted under Order were youths found guilty of criminal offences and dealt with by the Courts under Section 8 of the Mental Deficiency Act, 1913. The fourth case was dealt with by Petition, since the patient was aged 14 years and homeless, her mother being also a mental defective in an institution.

7. Work for other Authorities

	Under Age 16		Aged 16 & Over	
	M	F	M	F
Guardianship Cases supervised on behalf of other Authorities during the year	-	-	1	4
Licence Cases from other Authorities	-	-	1	7
8. Number of Home Visits paid by the Mental Deficiency Officer during the year	1443			
Interviews in office	156			
Journeys with patients to or from homes or institutions	16			

Occupation Centre

The Junior Occupation Centre continued its valuable work in rather limiting circumstances at St. James's Church Hall, Leigh-on-Sea. During the year eleven children were newly admitted and a similar number were discharged, the total number on roll remaining at 41 at the end of the year.

Miss B. Hodgson, trainee assistant, was seconded in September for one year, to undertake the whole time training course of the National Association for Mental Health, under the Committee's scheme of sponsored training. She was replaced at the Centre by Miss S. Newman who also joined the staff as a trainee assistant with a view to similar training at a later date.

The National Association for Mental Health attached students to the Centre on two occasions, for periods of observation and training. This arrangement was cordially welcomed; it provides the staff with the stimulus of teaching, and indicates the confidence of the National Association in the standard of work achieved in the Centre.

THE FIRST TEN YEARS

This year marks the end of the first 10 years of the National Health Service and it is a convenient point from which to look back and to see how far and in what directions we have come.

Half-way along this journey, that is in 1952, a very full report of the existing arrangements and prospective developments was submitted to you so it will perhaps suffice on this occasion to comment on any changes which have since occurred. The system of administration set up 10 years ago has functioned satisfactorily and has required no modification. Co-ordination and co-operation with other parts of the National Health Service have similarly undergone little change, as has the integration which is achieved by the cross-membership of various committees.

For some years your medical officer of health was a member of the Runwell Hospital Management Committee to which, however, he was not re-appointed, but he has continued as Chairman of its Medical Advisory Committee.

For the Southend group of hospitals there is a Medical Staff Advisory Committee but no recognised body representative of all the branches of the National Health Service able to give authoritative advice to those responsible for running the hospitals. There is in existence a small liaison committee of general practitioners and senior hospital medical staff but this meets very infrequently and only when problems assume sufficient importance. This is the more regrettable because recent experience in promoting co-operation in the maternity services has shown how well the hospital consultant, the general practitioner and the local health authorities can work together in this area.

During the last five years there has been some slight diminution in the joint use of staff in that epidemiological enquiries are no longer undertaken by the physician to the infectious disease wards and the hospital anaesthetists have ceased to attend our dental sessions. The Therapeutic Social Club, financed by the authority, but run by Runwell Hospital, has lately closed but it is hoped that it will be revived in the future.

Our relations with voluntary organisations continue as happily as before and we make the same extensive use of their services.

It is likely we have seen the limits of co-operation on the present basis and some lessening of joint effort may well be unavoidable. As systems of care become more complete, they inevitably become more elaborate and their personnel more specialised.

Co-operation means mutual understanding and forbearance and demands constant good will and vigilance from those in authority. The lower down one goes in any service the more restricted is the horizon of the individual worker, the more he is immersed in the minutiae of his job and the less he understands the importance of co-operation. Naturally he seeks to do his job as well and as easily as possible, in other words, in the way that best suits his particular interests.

There will grow up a generation that knows not Joseph, and unless there are radical alterations in the control and financing of the various sections of the Health Service, the effort to keep them working together harmoniously, and the best interest of the patients whom they serve, are likely to become Sisyphean.

CARE OF THE CHRONIC SICK AND INFIRM

In October, Ministry of Health Circular 14/57 was issued dealing with the vexed question of the care of the chronic sick and the infirm.

There is a continuous gradation between the acutely ill at one end of the scale and the old who, because of incapacity or even loneliness, require institutional care. For this continuous range of need there was formerly an equally continuous range of provision by the major local authorities. The National Health Service Act necessarily cut across this, the nationalised services taking over all those who required hospital treatment, however that term might be interpreted, and leaving behind those who did not.

With the loss of responsibilities went a loss of the means to carry them out, so local authorities perforce surrendered their hospital buildings. Some institutions were clearly recognisable as hospitals and others as welfare institutions but there were many which served a dual purpose, either because of the way in which the local authorities concerned had interpreted the 1929 Local Government Act, or because of the impact of the Emergency Medical Service on them.

These so called mixed user institutions have naturally created a number of administrative problems which, fortunately, we have not had to face.

Authorities which had undergone a rapid growth in the last 30 or 40 years often found themselves at a particular disadvantage because, during this period, there had been an ever-growing demand for hospital accommodation which, in an authority like your own, had typically called for the creation of a new voluntary hospital,

the expenditure of £500,000 on the development of a general hospital and the part creation of a new mental hospital. This demand for hospital accommodation had had its effects on the provision made by the social welfare departments. In some areas patients found themselves in the care of the Social Welfare Committee whereas in other parts of the country they would have been cared for in the local authority hospital.

Apart, however, from the accidental injustices which were inevitable as between one authority and another, two other factors operated.

First of all there was a direct financial incentive to local authorities to ensure, when possible, a patient received hospital treatment in preference to being provided with Part III accommodation since in the former case no charge was borne by the authority whereas for Part III accommodation there was no assistance forthcoming from the state beyond the minimum national assistance payment.

Secondly, in areas where the physical means of looking after the sick and the old were inadequate, the hospitals on the one side and the local authorities on the other were compelled to strive continuously to persuade the other party to accept the "half-way" type of case in an attempt to avoid being overwhelmed by a sea of need. Nor was this compulsion limited to these services; it also operated inside the hospital system itself, where the pressure on the accommodation for the old led the geriatricians to look to the psychiatric wards for relief and the psychiatrists to argue that some degree of mental degeneration had properly to be accepted by their geriatric colleagues.

It was to the nature of these problems and their acceptable solution that circular 14/57 addressed itself. It gave valuable and acceptable guidance to the officers of the hospitals and your authority, but otherwise it made little impact on your service because in essence it outlined methods which the Committee had been eager to exploit and develop from the outset.

The part which the Corporation has played since the inception of the National Health Service is slowly being recognised by the other agencies but, even now, its full contribution is fully understood by few.

From the beginning it has striven, not only to co-operate with the hospital service, but to assist it. It is now commonly acknowledged that since 1948 the authority has accepted, to the very limit of its ability, in its Part III accommodation those who, on any strict

interpretation, are properly the concern of the hospital service. Time and time again it has admitted those whose need for hospital admission was both obvious and irrefutable but who could not obtain a hospital bed. To do this it has overcrowded its wards and strained every nerve to increase its accommodation so that, in 10 years, it has more than doubled the number of those whom it provides with Part III accommodation.

It has also recognised that institutional care was not enough and that without a rapid development of all the ancillary domiciliary services a complete breakdown could hardly be avoided.

It is, therefore, no accident that your home help service has been developed to an extent which is exceeded by few authorities, or that your home nursing service has grown to the extent that it has.

It is only by the fullest exploitation of all the means available to care for people in the community that we have emerged from this testing period with the credit we can justly claim.

In retrospect it seems that this would not have been possible had not the welfare functions of the authority been put under the same administration as the health services. The fact that the one department has been responsible for providing both community services and institutional care has enabled a full exploitation of the resources available to us. It is said that the late President Roosevelt had kept a notice on his desk which said "The buck stays here" and one cardinal requirement of good administration is to ensure that this elusive and unwelcome animal remains with one agency. Because our responsibilities have been unified we have been able to ask our various sections to do for us what they would have been unwilling to do for any others; moreover, because we have a single system of control we have enjoyed a flexibility which has justified us in accepting risks, in the knowledge that we could intervene rapidly and effectively if the need arose.

The old and infirm have been a continuous preoccupation and anxiety, their problems have called for ingenuity and resource, for much mutual forbearance and tolerance; not infrequently we have acted as the go-between between a justifiably irate general practitioner and a very pressed hospital service, and wherever possible, we have helped.

It is a tribute to all those engaged locally in the national health service that the difficulties of these years have produced very little friction and no acute differences.

This commentary would be incomplete without a reference to the

Council and the Committee, who have made possible our achievements. The Council has accepted willingly and without complaint the financial burdens which have arisen from the policy of doing their best for the chronically sick and infirm, quite irrespective of any narrow or restrictive definition of responsibility. Such limitations as have been encountered have never been of the Council's making and there has never been, from official sources, any suggestion that we were trying to do too much, or to go too quickly.

INFECTIOUS DISEASES: *Notifications*

Scarlet Fever	326
Whooping Cough	157
Poliomyelitis	13
Measles	543
Diphtheria	-
Pneumonia	107
Dysentery	13
Polio-Encephalitis	-
Typhoid	-
Paratyphoid 'B'	-
Erysipelas	30
Meningococcal Infection	4
Food Poisoning	29
Puerperal Pyrexia	4
Ophthalmia Neonatorum	4
Infective Hepatitis	104
Puerperal Fever	-
Malaria	-
	<hr/>
	1,334
	<hr/>

SCARLET FEVER.

The total of 326 notifications is in accordance with our usual experience; just over one third of the cases occurred in the first quarter, after which the notifications declined until the beginning of November when a gradual rise heralded a greater incidence in the following year.

WHOOPIING COUGH.

Of 157 notifications, 51 were received in the June Quarter and 50 in the following three months. There was one fatality, an infant who died aged 10 months.

MEASLES.

Like whooping cough, the heaviest incidence occurred in the June and September quarters; one third of the notifications relating to the former and nearly a half to the latter. To some extent the behaviour of the disease mirrored that of whooping cough.

There was a small peak of infection in the middle of April followed by a sustained plateau between the middle of June and the middle of August. As is not uncommon, the general trend was in line with the behaviour of the disease in the London area.

It is, however, to be noted that while the London cases started to increase at the beginning of October as the epidemic of 1959 began to build up, the Southend notifications only began to rise in the last weeks of the year, and our epidemic did not get under way until the middle of the following February.

MENINGOCOCCAL MENINGITIS

Particulars of four notifications are set out below:-

1. Female, aged 45 years.	Admitted to Hospital	21.1.58.
2. Male, aged 6 years.	" " "	5.2.58.
3. Male, aged 6 months.	" " "	29.3.58.
4. Male, aged 10 months.	Died in Hospital	18.11.58.

PNEUMONIA

The notifications followed the usual pattern, 51 being received in the first quarter. The age and sex classifications of the notifications are given below:-

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	NK
<i>Males</i>	5	5	9	1	3	8	7	10	10	6
<i>Females</i>	5	2	7	3	2	1	5	8	9	1

FOOD POISONING

The analysis of food poisoning notifications as submitted to the Ministry of Health sets out most of the important facts.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No. of "corrected" notifications	7	9	9	4	29
Outbreaks due to identified agents (Salmonellae)	=	1	Total Cases	=	2
Outbreaks of undiscovered cause	=	6	Total Cases	=	17
Single cases due to identified agents:	=		Salmonella Typhimurium	3	
			Salmonella	2	
					5
Single cases of undiscovered cause					5

DIPHTHERIA

No case of diphtheria has been notified in Southend-on-Sea since 1951, so the news that a Southend resident had died elsewhere from this disease came as a warning against complacency.

A woman of 45 left Southend on March 31st. She became ill on April 2nd and complained of a sore throat on the following day. On April 7th respiratory obstruction developed and she was admitted to hospital where a tracheotomy was performed. Death ensued three days later from toxic myocarditis; the organism recovered from this patient proved to belong to a virulent strain of *C.diphtheriae*.

On April 14th a throat swab from an adult contact of this patient produced a culture in which a few colonies of C.diphtheriae developed. On animal inoculation they proved to be of an avirulent strain of the mitis variety.

INFECTIVE HEPATITIS

The 104 notifications of this disease relate to the following four week periods:-

Cases (four week periods)													
1	5	14	13	12	14	14	14	6	6	2	2	1	= 104
Age Groups													
0-		5-		10-		15+							
4		28		43		29		= 104					
3.9%		26.8%		41.4%		27.9%							

It will be observed that 28% or just over a quarter of the patients were above school age. In writing of this disease in the report for 1957 comment was made that, although there had been seven cases in Hamlet Court School, the last three of which were all members of the same family, the disease did not appear to have established itself there.

The history of 1958 is entirely different. Three schools were principally involved, namely Dowset High, Hamlet Court and Hamstel Schools. Dowsett High is attended by children whose younger siblings are educated at both Hamlet Court and Hamstel and it could be that the disease was spread by this route. The home contacts of Dowsett High School pupils are not however restricted to the schools which were concerned in this outbreak.

Reference was also made last year to 27 Families Hostel, and on reviewing the experience of its residents, the conclusion that the infection was probably never wholly absent among its residents for a long period, appears inescapable.

During the year 32 pupils from Hamlet Court were notified as were 10 other patients who were home contacts of children from this school. Of these contacts, no fewer than 5 also lived in the hostel and another case, with child female contacts resident in the hostel, was also notified.

The manager of a shop situated in the Hamlet Court Road area, who lived in another part of the town, also contracted the disease.

The experience of the two other schools was less severe but equally suggestive. Dowsett High School produced 6 cases, 2 of whom came from the hostel, while another patient had a home contact attending this school.

Hamstel provided 10 cases, 3 of whom had siblings attending Dowsett and in addition, a contact of a Hamstel child also developed the disease.

VIRUS INFECTIONS OF THE CENTRAL NERVOUS SYSTEM

The development of Laboratory facilities for virus isolation and identification is very welcome because it is now impossible on purely clinical grounds to be certain of the diagnosis in many of these cases.

If we are to establish the protective value of poliomyelitis vaccine, or be sure of its limitations, we need to know the nature of the infective agent in all cases of central nervous infection.

POLIOMYELITIS

There were 13 notifications (6 paralytic and 7 non-paralytic). From 5 patients poliomyelitis virus type I was isolated; of these, 2 developed permanent paresis, a girl child of less than 2 and her young adult uncle, who did not live at the same address. The third patient, a girl of 4, developed a transient paresis from which she recovered completely; the fourth, a child of the same age, sustained a type I infection without any untoward results, while an adult male died from a fulminating respiratory paralysis.

A boy, aged 6, from whom no virus was recovered but who showed cell changes in the C.S.F. gave a stationary paired serum antibody complement fixing titre to type III virus of 1 in 32. Whether this was the result of an old infection or the consequences of the illness under review is a matter for speculation.

Patients aged 3, 6, 7 and 11 had cell changes consistent with poliomyelitis, but they sustained no paralysis, nor was any virus recovered from their faeces. Two patients from whom virus was not isolated were left with a residual paralysis, a youth of 18 and a visitor to the town aged 4.

The vaccinal status of the patients referred to above is of interest. The child who suffered a transient paralysis during the course of her illness had received two injections of vaccine three months earlier, while three other children who showed cerebro-spinal fluid changes consistent with poliomyelitis but who suffered no paralysis and from whom virus could not be isolated, had all been vaccinated prior to their illness. These observations do suggest that vaccination may have played some part in mitigating the disease.

OTHER INFECTIONS

A male died from encephalitis which microscopically was considered to be influenzal in origin; from a patient aged 8 who recovered without any permanent ill-effects, Cocksackie B virus was isolated.

TUBERCULOSIS

Most of the material for this section has been kindly provided by Dr Sita Lumsden, Consultant Physician for Tuberculosis, and his staff at Lancaster House Chest Clinic.

Notifications

(a) Respiratory

The total notifications were 138 as compared with 155 in 1957, but the real decline is not so great as the figures would suggest, being due largely to a reduction in the total of inward transfers; in fact, there were only 5 fewer notifications of primary disease than in the previous year.

(b) Non-Respiratory

There were 18 notifications of non-respiratory disease in sharp contrast to the very low totals recorded in the immediate past; 14 were of women, 3 of whom were inward transfers. Particulars of these resident female notifications, given below, show the situation to be less alarming than might have been supposed.

Age	Site	
12	Ankle	Mother notified pulmonary disease 1957.
1	Meninges	Father found to be suffering from pulmonary disease subsequently.
22	Cervical & axillary lympadenopathy	
64	Axilla	
25	Cervical Adenitis	
63	Abscess of neck	
57	Neck glands	
75	Neck glands	
11	Cervical glands	A lifelong resident of the Borough whose source of infection has not been satisfactorily explained.

It will be seen that with the exception of the child who died from tuberculous meningitis and whose demise led to the discovery that her father was suffering from pulmonary tuberculosis, only two children were involved.

Deaths from respiratory disease totalled 7, comprising 3 men and 4 women.

Males

Aged 59. Notified 1935, renotified January 1958. Died 8 months later.
Aged 85. Notified two days before death.
Aged 66. Notified one month before death.

Females

- Aged 66. Old calcified lesion 1925. Admitted in extremis in acute cardiac failure. It is doubtful whether tuberculosis was a significant cause of death.
- Aged 63. Notified a month before death. Husband died of pulmonary tuberculosis 1951. Immediate cause of death coronary thrombosis.
- Aged 67. Notified 1948 recovered. Renotified 1955.
- Aged 45. Notified 1948.

The following table showing the comparative mortality caused by various diseases of the chest demonstrates what an important role the Chest Physician still has to play:-

1958

Comparative Mortality from Common Respiratory Causes

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Respiratory Cancer	88	16	104
Pneumonia	44	51	95
Bronchitis	73	44	117
Other respiratory diseases	17	7	24
Respiratory Tuberculosis	3	4	7

Mass Radiography

The Unit based at Broomfield Hospital did not visit Southend during the year under review.

TABLE A
NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	1	1	-	-	-	-	-	2	3	5	-	1	-	1	1
5	2	-	2	-	1	-	1	-	3	1	4	-	2	-	2	-
15	2	9	11	-	1	-	1	-	4	15	19	-	1	1	2	-
25	7	9	16	-	1	-	1	-	4	7	11	-	2	-	2	-
35	6	4	10	-	-	1	1	-	6	6	12	-	-	1	1	-
45	12	5	17	-	-	-	-	-	1	1	2	1	-	1	1	-
55	10	2	12	1	-	-	-	-	4	-	4	1	3	-	3	-
65	5	2	7	1	-	-	-	-	2	-	2	2	-	-	-	-
75 and over	2	-	2	1	-	-	-	-	1†	-	1	-	2*	-	2	1
	46	32	78	3	3	1	4	-	27	33	60	4	11	3	14	2

† Includes 1 posthumous notification.

* Includes 1 ascertained from Local Registrar's Death Returns

TABLE B
NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS
Classified According to Age Groups

Age Group	1952		1953		1954		1955		1956		1957		1958	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	3	2	2	5	-	-	1	3	2	2	-	-	1	5
5	2	5	2	6	7	2	3	4	8	3	3	1	2	4
15	19	23	23	18	11	25	12	17	21	14	13	15	11	19
25	21	20	17	20	21	18	12	27	19	19	18	19	16	11
35	25	9	11	11	11	13	10	9	17	14	18	16	10	12
45	15	7	14	4	11	2	9	7	16	7	11	8	17	2
55	14	3	9	3	8	5	13	4	12	-	17	2	12	4
65	7	3	9	5	7	1	6	1	7	3	7	7	9	3
	106	72	87	72	76	66	66	72	102	62	87	68	78	60
Total	178		159		142		138		164		155		138	

TABLE C.

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY
TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1951	1952	1953	1954	1955	1956	1957	1958	1951	1952	1953	1954	1955	1956	1957	1958
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	3.6	2.8	2.3	-	1.6	1.9	-	1.3	1.2	2.8	6.9	-	4.2	3.2	-	8.3
5	3.6	1.9	2.3	9.2	4.8	7.8	3.4	2.6	2.3	6.9	8.3	3.0	5.5	4.8	1.5	6.7
15	16.5	18.0	26.4	14.5	18.7	20.6	14.9	14.1	5.8	32.0	25.0	37.9	23.6	22.6	22.0	31.7
25	24.8	19.8	19.5	27.6	18.7	18.6	20.6	20.5	37.8	27.9	27.8	27.3	37.5	30.7	28.0	18.3
35	14.7	23.6	12.6	14.5	15.6	16.7	20.6	12.8	23.0	12.5	15.3	19.7	12.6	22.6	23.5	20.0
45	14.7	14.1	16.1	14.5	12.5	15.7	12.6	21.8	11.5	9.7	5.6	3.0	9.7	11.3	11.7	3.3
55	10.2	13.2	10.4	10.5	20.3	11.8	19.9	15.4	6.9	4.1	4.2	7.6	5.5	-	3.0	6.7
65	11.9	6.6	10.4	9.2	7.8	6.9	8.0	11.5	11.5	4.1	6.9	1.5	1.4	4.8	10.3	5.0

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

TABLE D.

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1958	383	304	11	17	12	48	9	3	395	352	20	20	787
1957	386	337	13	15	20	46	10	3	406	383	23	18	830
1956	390	339	18	17	18	48	13	4	408	387	31	21	847
1955	387	347	12	18	17	46	11	8	404	393	23	26	846
1954	407	345	16	20	15	43	11	9	422	388	27	29	866
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1,000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1,096

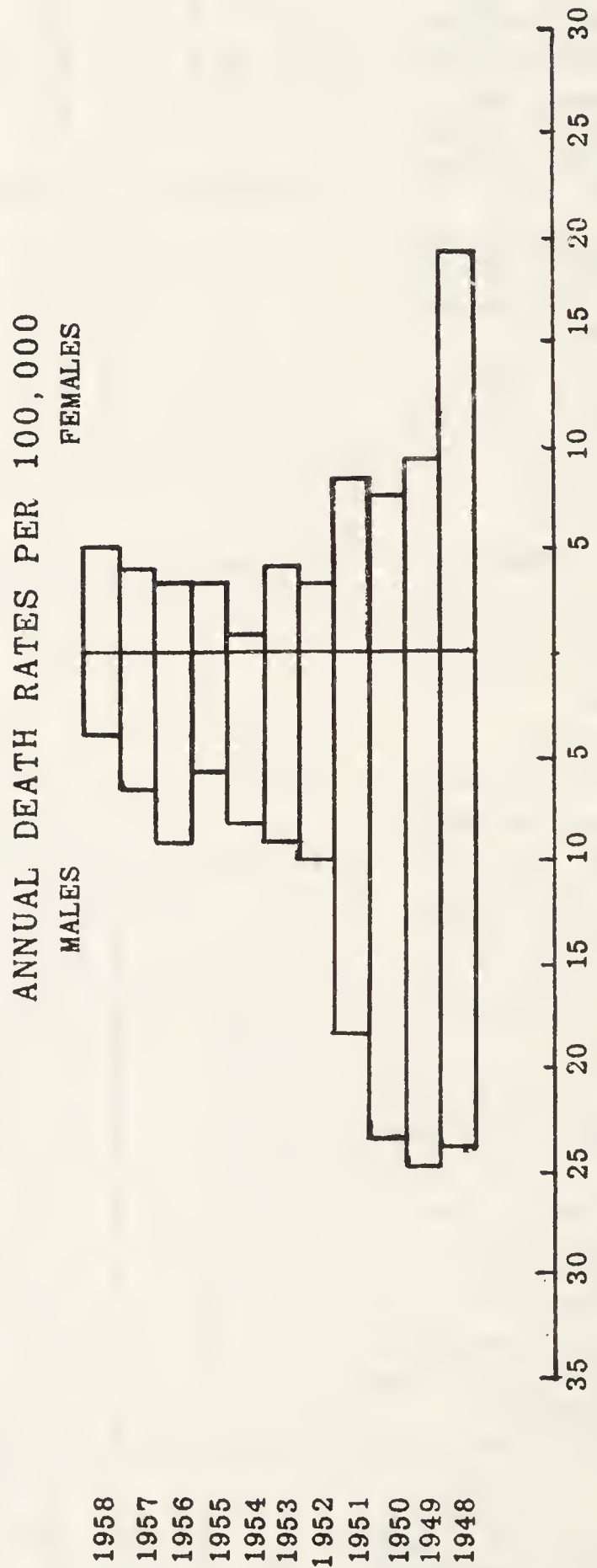
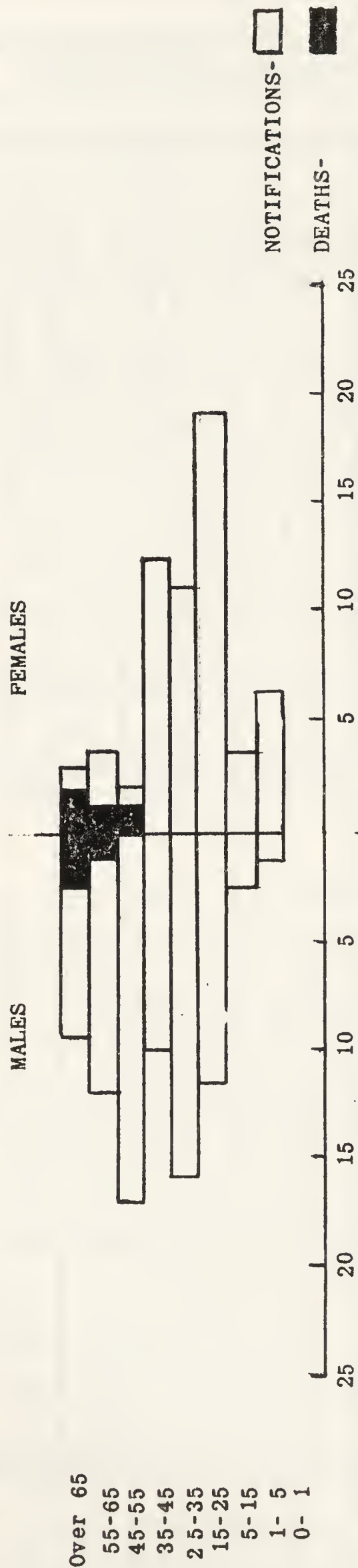
Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

WORK OF THE CHEST CLINIC 1958.

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.1.No.of notified cases on clinic Register 1.1.58.	386	337	13	15	20	46	10	3	406	383	23	18	830
2 Transfers from clinics outside area during year.	31	30	1	3	1	3	-	-	32	33	1	3	69
3.Children transferred to adult register during year ...	4	2	-	-	1	1	-	-	5	3	-	-	8
4.Cases lost sight of which returned to clinic during the year...	-	-	-	-	-	-	-	-	-	-	-	-	-
B.No.of NEW CASES diagnosed during year:													
1. T.B.minus ...	11	8	2	3	1	6	1	3	12	14	3	6	35
2. T.B.plus ...	33	14	-	2	1	2	-	-	34	16	-	2	52
TOTALS OF A AND B ...	465	391	16	23	24	58	11	6	489	449	27	29	994
C.No of cases in A & B.written off clinic registers during the year:													
1.Recovered ...	44	46	1	4	2	4	1	1	46	50	2	5	103
2.Died (all causes)	10	8	-	-	-	2	-	1	10	10	-	1	21
3.Removed to other clinic areas ...	19	20	-	-	1	1	-	-	20	21	-	-	41
4.Children transferred to adult register ...	-	-	4	2	-	-	1	1	-	-	5	3	8
5.Other reasons...	9	13	-	-	9	3	-	-	18	16	-	-	34
TOTAL OF C ...	82	87	5	6	12	10	2	3	94	97	7	9	207
D.No.of notified cases on clinic register 31.12.58 ...	383	304	11	17	12	48	9	3	395	352	20	20	787
No.of above known to have had positive sputum within preceding year ...	-	-	-	-	-	-	-	-	48	23	-	2	73
E.(a) No.of persons (excluding transfers) first examined during the year...	-	-	-	-	-	-	-	-	784	794	194	232	2004
(b) No.of those in (a) who attended as CONTACTS and who were:													
Diagnosed as Tuberculous ...	-	-	-	-	-	-	-	-	3	2	-	2	7
Not tuberculous...	-	-	-	-	-	-	-	-	86	136	80	118	420
Not determined (as at 31.12.58)	-	-	-	-	-	-	-	-	-	-	-	-	-

RESPIRATORY TUBERCULOSIS

TOTAL NOTIFICATIONS AND DEATHS BY AGE GROUPS



VENERAL DISEASES
YEAR ENDING 31.12.58.

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.58	33	23	20	16	76	20	129	59
Returned after cessation of attendance in previous years ...	-	2	-	2	3	5	3	9
Dealt with for first time, suffering from:								
(a) Syphilis primary ...	2	1	-	-	-	-	2	1
(b) „ secondary...	-	1	-	-	-	-	-	1
(c) „ latent in 1st year of infection ...	-	-	-	-	-	-	-	-
(d) Syphilis, cardiovascular...	-	-	-	-	-	-	-	-
(e) „ of nervous system ...	-	-	-	-	-	-	-	-
(f) „ all other late or latent stages ...	3	5	-	-	-	-	3	5
(g) Syphilis, congenital (under 15 years) ...	-	1	-	-	-	-	-	1
(h) Syphilis, congenital	-	-	-	-	-	-	-	-
(i) Gonorrhoea ...	-	-	26	11	-	-	26	11
(j) Chancroid ...	-	-	-	-	-	-	-	-
(k) Lymphogranuloma venereum ...	-	-	-	-	-	-	-	-
(l) Granuloma inguinale	-	-	-	-	-	-	-	-
(m) Non-gonococcal urethritis ...	-	-	-	-	141	-	141	-
(n) Any other conditions requiring treatment	-	-	-	-	7	24	7	24
(o) Conditions not requiring treatment	-	-	-	-	41	16	41	16
(p) Conditions remaining undiagnosed at 31st December ...	-	-	-	-	1	-	1	-
Dealt with for first time, transferred from other centres ...	-	-	-	1	-	-	-	1
Total under treatment during 1958 ...	38	33	46	30	269	65	353	128
Discharged after completion of treatment and tests for cure ...	1	3	11	7	174	22	186	32
Ceased to attend before completion of treatment and/or observation ...	2	5	10	10	8	4	20	19
Transferred to other Centres ...	1	-	2	3	6	2	9	5
Number under treatment on 31st December, 1958 ...	34	25	23	10	81	37	138	72

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis	429	478	22	27
Gonorrhoea	178	211	2	19
Other patients	982	743	9	43
	<u>1,589</u>	<u>1,432</u>	<u>33</u>	<u>89</u>

The following are the civilian totals for previous years:-

New Patients Suffering from:-	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Syphilis	33	52	50	50	58	46	33	13	16	18	11	4	14	14	13
Gonorrhoea	60	112	110	71	58	67	37	44	42	80	42	35	38	36	37
Soft Chancre	-	-	-	-	-	-	-	1	-	1	2	-	-	-	-
Total Attend- ances	4387	4431	5840	4714	3667	5907	5952	5461	4750	4185	2959	3070	2909	2966	3143

CANCER

There were 451 deaths from malignant disease, an increase of 13 over last year; the lung cancers accounted for the deaths of 90 men and 17 women, compared with 89 and 16 respectively in 1957.

The primary sites of disease were as follows:-

	M	F
Skin	1	3
Lips, tongue, mouth	2	2
Pharynx,	4	-
Larynx, bronchus, lung, mediastinum	90	17
Oesophagus	3	4
Stomach	26	20
Small intestine	3	1
Cæcum, colon	23	24
Rectum	11	12
Gall Bladder, bile ducts, liver	5	9
Pancreas	8	6
Kidney, suprarenal	3	3
Bladder, urethra	12	4
Prostate	17	-
Vulva	-	2
Ovary	-	15
Uterus	-	20
Breast	-	54
Brain	4	2
Bone	2	1

	M	F
Lymph glands	3	4
Tonsil	1	-
Thyroid	1	1
Parotid	1	-
Testis	4	-
Leukaemia	2	1
Pituitary	1	-
Miscellaneous or not ascertained	8	11
	<u>235</u>	<u>216</u>

There were 2 deaths from malignant disease in persons under the age of 35 years, the primary sites of disease being as follows:-

Female 2 yrs.	Wilms tumour of kidney
Female 25 yrs.	Lymphosarcoma of lung.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952 AND 1954 ALIENS ORDER, 1953

The following Table of Customs movements of aircraft and passengers is reproduced by courtesy of the Airport Commandant.

	Aircraft Movements		Passengers	
	In	Out	In	Out
January	177	173	1724	1394
February	183	182	1732	1962
March	282	289	2270	2394
April	510	504	4739	5363
May	687	697	5183	7182
June	1280	1279	9609	11377
July	1397	1426	13972	19640
August	1638	1649	24749	22257
September	1081	1081	15390	11017
October	418	429	4972	4028
November	231	239	1344	1369
December	334	305	3219	2466
	<u>8218</u>	<u>8253</u>	<u>88902</u>	<u>90449</u>

16,471

179,351

The volume of international traffic at the Airport again increased, last year's figures for aircraft movements and passengers being 14,015, and 136,748 respectively.

Requests for medical assistance were again infrequent, apart from the operation which became known as the "Baghdad Airlift" following the disturbances in Iraq during July.

On the morning of the 24th July two aircraft arrived from Nicosia containing civilians and Service personnel evacuated from Baghdad. Among the passengers was a child aged 5 years

with an undiagnosable pyrexial illness who was considered to require observation in hospital, and several adult passengers suffering from various non-infectious conditions.

On the evening of the 29th July another aircraft arrived, also routed from Baghdad via Nicosia, with a similar mixed complement of passengers. Medical advice was sought in regard to two children who were thought to be suffering from dysentery, another child aged 4 years suffering from neurological sequelae following convulsions, a family consisting of a mother and two children all complaining of a rash, and three adults with various non-infective conditions.

In both instances the passengers had been in transit for over twenty-four hours, having left Iraq hurriedly in circumstances of some confusion and danger, and having had no opportunity to make any plans for their future. It is not surprising that many of the women and children were over-tired and showing signs of strain.

Fortunately the Royal Air Force had made arrangements for their reception at the Joint Services Air Trooping Centre at Hendon, and an R.A.F. medical officer arrived at the airport with an ambulance and saw the sick passengers in consultation with the airport medical officer. Owing to the excellence of the Service arrangements, there was a minimum of delay before they were able to resume their journey by coach or ambulance, and it was not necessary to admit any patients to hospital locally.

There was again an increase in the number of aliens arriving and intending to remain in this country longer than six months, the total being 764 compared with 471 in the previous year.

The amount of food imported and requiring to be inspected by the Public Health Inspectors under the Public Health (Imported Food) Regulations also shows a steady increase, and as much of this is transported at night and at weekends, it has been necessary to provide for a duty rota of Inspectors.

LOCAL GOVERNMENT SUPERANNUATION ACTS 1937 - 1953 SICK PAY REGULATIONS

The following table shows the number of medical reports furnished to the various departments of the Corporation during the year:-

Education	237
Candidates for Teachers' Training Colleges	24
Transport	77
Public Health	81
Borough Engineer's	178
Children's	13
Borough Treasurer's	8
Cleansing	77
Pier and Foreshore	28
Parks	47
Town Clerk's	9
Libraries	11
Airport	29
Police	2
Cemeteries	5
Architect's	8
Housing	1
Fire Brigade	12
Entertainments	1
Justices' Clerk's	4
Weights and Measures	1
Civil Defence	1
Other Local Authorities	3
	<hr/> 857 <hr/>

ATMOSPHERIC POLLUTION

Concerning the smell nuisance from oil refineries on Thameside, last year's report quoted editorial comment in the local Press to the effect that "what increases public indignation is the fact that the public have never been taken into the confidence of either the oil companies or the local authorities or Ministry dealing with this never-ending stream of complaints. They do not know for certain what particular part of the refining process causes it, They have not even been granted the courtesy of being told what the oil companies have been doing to eliminate the nuisance."

The situation of the man in the street was little different from that of the local authorities concerned, for they too had good reason to consider that they had never been adequately informed either by Whitehall or the oil companies.

At the end of 1957 and the earlier part of 1958, the indignation of the local authorities boiled over. The Corporation raised the matter with the Association of Municipal Corporations which set up a Joint Committee on atmospheric pollution, of which the Mayor, Alderman B.S. Clarke, J.P., M.P.S. was a member. Almost simultaneously, and no doubt following a strong hint from official sources, the Essex Borough and District Councils Association called a meeting to which your Authority sent observers.

Proposals that the problem should be dealt with both generally on a national basis, and locally by some consultative arrangements, were put forward, but neither the Ministry concerned nor the oil companies accepted there was any need for machinery at a national level, although the setting up of regional committees received the blessing of both.

About this time other developments occurred. The oil companies themselves apparently became aware of the importance of public relations. At the beginning of the year the Shell Refining Company published a booklet entitled "Good Neighbours" and another oil refining organisation actually appointed a public relations officer, one of whose duties was to investigate complaints by the public. All the companies undertook to strengthen their arrangements for the investigation of the complaints telephoned by the officers of the local authorities.

Coincident with this recognition of the importance of public relations there came a thin trickle of hesitant admissions that occasionally a refinery might possibly have been at fault. There was a good deal of plain speaking too, as the following extract from the memorandum made following an interview with a representative of an oil company will show. "The representative was told we were getting tired of the operatives affording no adequate explanation of the smell nuisance and disclaiming responsibility, whatever observations of wind force and direction gave rise prima facie to the presumption that their installations were at fault it was pointed out that the frequency with which offence was caused during the night and the early morning had made people ask whether the operation of some processes was not restricted to the night time or whether the works supervision was less effective then."

The representative went so far as to say that his firm was prepared to give warning then they had reason to think that they might be responsible for causing smell. Later on we obtained an admission that a section of crude oil plant which was being "put in stream" after being overhauled might possibly have given offence.

Nevertheless, as time went on, the confidence which the Ministry's officials had shown from the outset, namely that there was nothing wrong with the design of the refineries and that with experience and attention to detail smell nuisance would be obviated, except in the case of unavoidable breakdown, was increasingly justified and occasions for complaint have become less frequent.

On looking back over our experience one can only echo the sentiments of the editorial already referred to. Had the local authorities and their officers been taken fully into the confidence of the oil operatives, and had we not encountered what we still regard as a great deal of evasive action, we would have been spared much trouble and have no doubt avoided the unjustifiable criticisms, and even occasional abuse, of our rate-payers.

SANITARY INSPECTION OF THE BOROUGH

Mr. R. A. Drake, B.E.M., F.R.S.H., Chief Public Health Inspector, reports as follows:-

I submit herewith a report on the Public Health Inspectors' section of the Department, for the year 1958.

Attention is drawn to the increased number of complaints which have been remedied without the necessity even of issuing an informal notice, evidence of both the reasonableness of our requirements and the influence the department now exerts.

The complaints arising from the deposition of rubbish on vacant land occasion a great deal of effort by your officers, with unfortunately no commensurate result. Public Health Act powers are limited to accumulations and deposits which are offensive and not merely unsightly. The remedy for a state of affairs which rightly occasions both resentment and indignation are, in my opinion, twofold. Firstly the public can protect themselves from this type of abuse by reporting the deposition of rubbish when they observe the offender in the act, to a police officer, and being prepared to give evidence if a prosecution ensues. Secondly the widest publicity should be given to the arrangements which are made by the Cleansing Department for the removal of rubbish, so that no reasonable citizen should find himself unable at modest expense to disembarass himself of unwanted material, save by the anti-social act of dumping it on a neighbour's property.

The figures relating to meat inspection show a very considerable fall in the number of cow carcasses affected by tuberculosis and the growth of your airport freight traffic is evidenced by the quantity of food now inspected on import.

A. COMPLAINTS

The following table shows the complaints received during the year:-

General housing defects	...	...	...	2117
Defective drainage systems	...	...	...	524
Blocked drainage systems	...	...	...	509
Deposit of refuse on vacant land and back passages				340
Absence of, or defective, dustbins	...	...	...	262
Overcrowded and unsatisfactory housing conditions				215
Insect pests	...	...	...	201
Dirty condition of houses or rooms	...	...	...	63
Animals improperly kept	...	....	...	55
Sanitary conveniences	...	...	...	49
Food and food premises	...	...	...	27
Factories and workshops	...	...	....	24
Caravans	...	...	...	14
Fly nuisance	...	...	...	9
Water supply	...	...	....	8
Miscellaneous	...	...	...	593
				<u>5010</u>

In addition 487 complaints in connection with rats and mice were received.

B. ABATEMENT OF NUISANCES

Number of nuisances abated:-

After service of informal notices	557
After service of statutory notices	53
Without notice	2578

Proceedings were instituted against seven owners for failing to comply with statutory notices; all were successful. Two owners had to pay two guineas costs and one £1.8s.6d and in the remaining cases no applications for costs were made.

On nineteen occasions, blocked and defective drainage systems were dealt with under private Act powers which enable the Corporation, on 48 hours' notice to the owner, to undertake the work and to recover the expenses incurred. This enables these matters to be dealt with much more quickly than under the Public Health Act.

C. HOUSING

(a) Unfit Houses dealt with under the Housing Act, 1957

	Houses	Number of Persons Displaced
(i) Demolished as a result of formal or informal procedure	48	25
(ii) Closed in pursuance of an undertaking given by owners and still in force	37	104

(b) Rent Act, 1957

The following table shows the number of certificates etc. dealt with during the year:-

Part I - Applications for Certificates of Disrepair

(1) Number of applications for certificates	87
(2) Number of decisions to refuse certificates	1
(3) Number of decisions to issue certificates	
(a) in respect of some, but not all defects alleged	71
(b) in respect of all defects	12
(4) Number of landlords' undertakings accepted (First Schedule, para 5)	67
(5) Number of undertakings refused by Local Authority (First Schedule, para 5)	-
(6) Number of Certificates issued	18

Part II - Applications for Cancellation of Certificates

(7) Applications for cancellation of Certificates	23
(8) Objections by tenants to cancellation of certificates	7
(9) Decisions by Local Authority to cancel in spite of objections	1
(10) Certificates cancelled by Local Authority	16

D. DIRTY AND VERMINOUS HOMES

The number of "complaints" under this heading was 63 as compared with 61 last year. They mostly concerned the old and often only came to notice when they no longer occupied the premises. The Department treated 249 rooms and 316 articles of bedding infested with vermin.

E. CAMPING SITES

Two sites used for seasonal camping were re-licensed during the year. They were well maintained, the conditions of the licences being strictly observed.

Three hundred and seventy-two visits of inspection were made.

F. RODENT CONTROL

Summary of Work Done

	<i>Rats</i>	<i>Mice</i>	<i>Total</i>
Properties inspected on notification	280	207	487
Surveyed under Act	402	207	609
Infestation found	222	196	418
Treatment carried out			
(a) by local authority	220	195	415
(b) by occupier under supervision of Rodent Officer	2	1	3
Total number of inspections			2706

The treatment of sewers is undertaken by the Borough Engineer's Department, 488 manholes being pre-baited and 395 poison baits laid.

G. RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Fifteen premises are registered. Eleven samples of filling materials were submitted for tests in accordance with the Rag Flock and Other Filling Materials Regulations, 1951; all were reported to be satisfactory. Thirty-one visits of inspection were made.

H. PET ANIMALS ACT, 1951

Eighteen applications for licences were received and granted, 111 inspections being made.

I. PHARMACY AND POISONS ACT, 1933

A total of 463 inspections of the 266 premises registered by the Council was made.

J. PLACES OF ENTERTAINMENT

A total of 216 inspections of the sanitary accommodation in cinemas and theatres was made.

K. PARTICULARS OF

(a) Notifiable Diseases

Enquiries concerning notifiable diseases required 645 visits, in addition to which 187 visits were made to contacts.

(b) Other visits or inspections

Marine store dealers	62
Piggeries	406
Registration of Hotels, boarding and apartment houses (for Publicity Committee)	985

L. FACTORIES ACTS, 1937 and 1948

Inspections.	No. on Register	Number of Inspections	Number of Notices served
(a) Factories in which sections 1,2,3,4, and 6 are to be enforced by the local authority	34	112	7
(b) Factories not included in (a) to which section 7 applies.	295	1086	-
(c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	-	-	-
	<u>329</u>	<u>1198</u>	<u>7</u>

Defects found

Particulars	Number of cases in which defects were	
	Found	Remedied
Sanitary conveniences		
(a) Insufficient	3	3
(b) Unsuitable or defective	8	8
(c) Not separate for sexes	<u>2</u>	<u>2</u>
	<u>13</u>	<u>13</u>

Outworkers

Lists received from employers and other authorities:-

Nature of Work	Work-people
Wearing apparel	109
Sea Moss Bunching	6
Toys and fancy goods (Plastics)	7
Nail and screw packing	4
Household linen	7
Carding of buttons	<u>4</u>
	<u>137</u>

PUBLIC HEALTH ACT 1936, SECTION 154

Legal proceedings were instituted against three rag dealers for exchanging toys etc. for articles of clothing with children under 14 years of age. The Justices imposed fines of £2 and 2 guineas costs in two instances and £2 and 1 guinea costs in the remaining case.

M. THE FOOD HYGIENE (AMENDMENT) REGULATIONS 1957 (ONION PEELERS)

These regulations amend regulation 7 of the Food Hygiene Regulations, 1955 (which restricts the giving out of food for preparation or packing in domestic premises). The operation of the original regulation 7 in relation to shrimps, prawns and onions had been postponed until 1st January, 1958. The new regulation 7, which is to apply to shrimps, prawns and onions on 1st June, 1958, permits the giving out of shrimps, prawns and onions for peeling on domestic premises if the premises are registered for the preparation of the food in question with the local authority under Section 16 of the Food and Drugs Act, 1955, and certain other requirements are complied with. These requirements include (a) a periodic check by the person giving out the food that the worker is able to maintain proper standards, (b) the cleanliness of equipment and premises, (c) the provision of a water supply and wash hand basin, (d) the protection of food from risk of contamination and (e) the observance of cleanly practices by persons engaged in the handling of the food and the action to be taken where they suffer from, or are the carriers of, certain infections.

Applications received	16
Refused	2
Granted	5
* Deferred (Council properties)	4
Work discontinued prior to inspection	5

* These applications were withdrawn when the applicants were informed that carrying out work of this nature was a breach of the conditions of tenancy agreement. The attention of the firm employing the outworkers was also called to this matter.

N. PUBLIC MORTUARY

During the year, 87 bodies were received in the public mortuary but no post-mortem examinations were carried out, autopsies being performed at the Southend General Hospital.

O. DISEASES OF ANIMALS ACTS

The Chief Public Health Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture,

Fisheries and food. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

P. FERTILISERS AND FEEDING STUFFS ACT, 1926

The following samples have been taken and submitted for analysis:-

	Satisfactory	Unsatisfactory	Action Taken
Layers Mash	3	-	
Growmore Fertiliser	-	1	The matter was taken up with the Authority in whose area the fertiliser was manufactured.
Vitamure	1	-	
Bonemeal	-	1	as above.
Lawn Conditioner	-	1	as above.
Sulphate of Potash	1	-	
Hop Manure	-	1	No action.
Lime	1	-	Retailer cautioned regarding the necessity of declaring the analysis.

Q. METEOROLOGY

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	1399.2 hours
Sunniest day	14th June
Sunniest month	May
Days with sunshine	288
Total rainfall for year	29.16 inches
Wettest day of year	26th June
Mean temperature	51°
Maximum temperature	82° 9th July
Prevailing wind	South-west

FOOD HYGIENE REGULATIONS, 1955

Twenty-nine talks and film shows on food hygiene were given given to various organisations in the Borough, in addition to which talks were given to staffs engaged in the handling of food at factories etc.

A. FOOD PREMISES

A total of 10,721 inspections has been made during the year of premises where food is prepared, stored or sold.

The number and type of food premises in the Borough at the end of the year is as follows:-

Butchers	124
Canteens	25
Fishmongers	65

Flour confectioners	66
Food factories	14
Fruiterers and greengrocers	145
Grocery and provisions	276
Hospitals and institutions	38
Hotels and boarding houses	504
Licensed premises	89
Restaurants and cafes	645
School kitchens	92
Stalls, vans etc.	52
Sugar confectioners	221
Miscellaneous	177
	<u>2,533</u>

B. FOOD PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT 1955 OR UNDER LOCAL ACTS.

Manufacture of ice-cream	6
Sale of ice-cream	372
Ham boiling	91
Manufacture of sausages	75
Fish curing	19
Fish frying	142
Cooking meats, chickens etc.	19
Bacon curing	2
Manufacture of meat pies	14
Sale of shellfish	30
	<u>770</u>

C. MILK

(i) Registration and Licensing

Milk and Dairies Regulations 1949-1954

No. of persons registered as distributors	221
No. of premises registered as dairies	3

*Milk (Special Designation) (Pasteurised and Sterilised)
Milk Regulations 1949-1953*

No. of dealers' (Pasteuriser's) licences	3
No. of dealers' (Pastenriser's - Tuberculin Tested Milk) Licences	3
No. of dealers' licences to use the special designation "Pasteurised"	84
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	30
No. of supplementary licences to use the special designation "Pasteurised"	2
No. of dealers' licences to use the special designation "Sterilised"	167
No. of supplementary licences to use the special designation "Sterilised"	3

Milk (Special Designation) (Raw Milk) Regulations 1949-1954.

No. of dealers' licences to use the special designation "Tuberculin Tested"	29
No. of supplementary licences to use the special designation "Tuberculin Tested"	1

(ii) Bacteriological Examinations

During the year, 576 samples of milk were submitted for prescribed examinations:-

	<i>No. of Samples</i>	<i>Passed</i>	<i>Failed</i>
Pasteurised	203	203	-
Sterilised	91	91	-
Tuberculin Tested			
(a) Pasteurised	112	112	-
(b) Farm Bottled	<u>170</u>	<u>167</u>	<u>3</u>
	<u>576</u>	<u>573</u>	<u>3</u>

All the three samples reported as having failed the test were produced and bottled on farms outside the Borough. A copy of the laboratory reports was sent to the area milk officer in each case.

(iii) Biological Examinations

Fourteen samples of tuberculin tested milk were submitted to biological examination. All were reported negative for tubercle bacilli.

D. ICE CREAM

Five manufacturing firms supply considerable quantities of ice-cream to retailers outside the Borough.

Nine firms are registered in respect of 21 mobile vans for the sale of ice-cream in the Borough - a requirement of the Corporation's Act of 1947; all are provided with sinks with hot and cold water supplies etc. In addition, there are a number of vans which operate in areas outside the Borough and retail "soft" ice-cream. The factories in which it is manufactured are kept under close supervision and endeavour is made to sample every mix. The samples are submitted to the Public Health Laboratory for testing. The supervision of the retailing of ice-cream by employees rests with the authority of the area in which the vans operate.

Five hundred and forty-two samples were submitted to the Public Health Laboratory for examination by the methylene blue reduction test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
402	98	20	22

Samples placed in categories 3 and 4 are considered to be unsatisfactory. Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given.

E. MEAT

(i) Slaughterhouses

During the year 1958 2,115 animals were slaughtered and examined at Rayleigh slaughterhouse as detailed below:-

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	368	101	310	1800	6,392
Number inspected	368	101	310	1800	6,392
All diseases except Tuberculosis and Cysticerci:					
Whole carcasses condemned	2	2	1	3	3
Carcasses of which some part or organ was condemned	59	10	-	28	208
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	16.58	12.00	0.32	1.72	3.30
Tuberculosis only:					
Whole carcasses condemned	3	1	-	-	-
Carcasses of which some part or organ was condemned	18	5	-	-	81
Percentage of the number inspected affected with Tuberculosis	5.70	6.00	-	-	1.26
Cysticercosis:					
Carcasses of which some part or organ was condemned	3	-	-	-	-
Carcasses submitted to treatment by refrigeration	3	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

(ii) *Slaughter of Animals Act*

Seven applications for licences to slaughter animals in slaughterhouses were received, all of which were granted.

F. AIRPORT

1616 tons 19cwts. 87½lbs. of imported meat were inspected at the Southend Municipal Airport. This included 1470 tons 13 cwts. 27 lbs. of carcasses of beef which were landed at the airport during the dock strike in June. In addition, 98 tons 3 cwts. 15 lbs. of imported foodstuffs were inspected.

G. SHELLFISH

During the year 398 samples of cockles and 3 of mussels were submitted to the Public Health Laboratory for bacteriological examination. All samples were reported fit for consumption.

H. UNSOUND FOOD

In addition to the carcasses etc. condemned at the slaughterhouse, the following foods were voluntarily surrendered as being unfit for human consumption:-

Canned goods	10,458 tins
Fresh food	
Meat	1,666½ lbs.
Fish	143½ stone
Miscellaneous	1,055¼ lbs.

All condemned food is disposed of in the Corporation's controlled tips.

I. REGISTRATION OF HAWKERS AND THEIR PREMISES

Three new applications for registration were received from hawkers, making the total number registered 60.

J. SAMPLING OF FOOD AND DRUGS

(i) Samples of Food Analysed

Nature of sample	Number
Milk	150
Channel Islands Milk	20
Dried, preserved and tinned fruits, vegetables, etc.	19
Cakes, puddings and ingredients	40
Ice-cream	18
Soups, spices, pickles, herbs. etc.	17
Non-alcoholic drinks	16
Butter, margarine, lard and fat	33
Sausages, tinned and cooked meats and pies	23
Tinned fish	15
Vinegar	1
Jams, jellies, preserves etc.	4
Cereals and pulses	10
Tea, coffee, cocoa, etc.	9
Alcoholic drinks	8
Sweets	1
Cheeses and cheese spreads	8
Suet	3
Bread and breadcrumbs	2
Cream	2
Tinned milk	2
Spreads	7
Sugars	4
Biscuits	2
	<hr/>
	414

(ii) Unsatisfactory samples

Of the samples analysed, 19 were reported to be not genuine, details of which and the action taken in regard thereto are as follows:-

Adulterated Samples etc.

No.	Sample	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations
2298	Luncheon Meat Loaf	Informal	Contained only 54% of Meat.	Referred to Ministry of Health. Attention of retailers called to low meat content.
2299	Luncheon Meat	Informal	Contained only 70% of Meat.	
2324	Luncheon Meat	Formal	Contained only 74% of Meat.	

No.	Sample	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations
2339	Emmentaler Cheese with Asbach Brandy	Formal	Contained only 0.1% of alcohol. Label considered to be misleading.	No. action.
2363	Loaf of Bread	Informal	Contained foreign matter.	Not injurious to health. Producer cautioned.
2364	Pork Luncheon Meat	Formal	Contained only 73% of Meat.	Referred to Ministry of Health
2365	Meat Loaf	Formal	Contained only 69% of Meat.	
2366	Luncheon Meat	Formal	contained only 66% of Meat.	
2368	Luncheon Meat	Formal	Contained only 73% of Meat.	
2369	Meat Loaf	Formal	Contained only 69% of Meat.	
2370	Luncheon Meat	Formal	Contained only 63% of Meat.	
2371	Pork Luncheon Meat	Formal	Contained only 71% of Meat.	
2372	Pork Luncheon Meat.	Formal	Contained only 63% of Meat	
2373	Pork Luncheon Meat	Formal	contained only 62% of Meat	
2374	Luncheon Meat	Formal	Contained only 65% of Meat	
2405	Jersey Milk	Formal	2.5% Deficient in Fat	Cautioned
2549	"Frizettes"	Formal	Infested with Meal Mites	Stock surrendered
2633	Chocolate Flavour	Informal	Contained Preservative 550 p.p.m. Benzoic Acid	Referred to Min. of Ag. Fish & Food
2635	Tomato Soup Powder	Informal	Contained 75 p.p.m. of Zinc.	Retailer's attention called to this. Further samples re- ported to be satisfactory.

Proceedings were taken for a contravention of Section 2 of the Act against a baker in respect of a piece of wire found in a jam tart. The baker was fined £5 and ordered to pay 3 guineas costs. Proceedings were also taken against a dairyman under Section 2 of the abovementioned Act in respect of pieces of glass in a bottle of milk delivered to a School. The dairyman was fined £10 and ordered to pay 3 guineas costs.

REGINALD A. DRAKE

Chief Public Health Inspector.

NATIONAL HEALTH SERVICE ACT, 1946, PART II

GENERAL MEDICAL AND DENTAL SERVICES.

PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES

The Services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ended March 31st 1958 are included by kind permission of the Chairman, Dr.H.F.Hiscocks, to whom, as ever, I am much indebted:-

"There have been no major changes affecting the Council's work nor outstanding events to report during the year under review. On the professional side we welcome 2 new members, Dr.Joan Lush replaces Dr.J.G.Weston, who as Chairman of the Local Medical Committee we are sorry to lose, but who on account of pressure of other work found it impossible to devote the time required; and Dr.H.J.Bland on his appointment as Secretary of the Local Medical Committee, takes the place of Dr.H.J.Palmer. The end of the year also saw the termination of Mrs. D.G.Fane's period of membership as one of the nominees appointed by the Minister of Health, and for personal reasons she was unable to accept re-appointment. She was a useful and conscientious member and we are grateful for all that she did. We are sorry to lose her.

This year, the tenth since the inception of the Service, I am glad to be able to report that for the first time the Council has secured representation on the Management Committee of the Executive Council's Association. At the Annual Meeting of the Association at Harrogate last October I was elected one of the 5 representatives of the so-called Midland Division, in which the County Borough is situated. Mrs.Radcliffe Lewis, the Vice-Chairman, the Clerk and myself represented you at what proved to be an interesting and rather more animated meeting than that held in London during the previous year. The resolution put forward by our Council proposing the amalgamation into the permanent service of the Supplementary Ophthalmic Service was carried by a large majority.

Another matter to which the Council devoted some time and consideration during the course of the year, was the submission of it's views on prescribing. This had been invited by the Committee set up by the Minister of Health under Sir H.Hinchcliffe to investigate the cost of prescribing. The findings of the Committee are still awaited.

Office Accommodation

As most of you know the present lease under which we occupy premises at 51, High Street, expires on Christmas Day next. I think all are agreed that the present accommodation could be improved upon, and every effort is being made to find something better.

The number of patients registered with medical practitioners at 161,130 shows an increase of 5,569 on last year's figure - an even steeper rise than during the previous year. The population of the County Borough continues to rise also, but at the figure quoted there is still quite a considerable degree of Inflation, a state of affairs which is regrettable, but for which a remedy is yet to be found. New acceptances numbered 13,704 (a rise of 418) and Temporary Residents 6,332 (a rise of 613).

The number of medical practitioners in contract with the Council as principals numbers 83, with 4 assistants. In addition this year 2 trainee assistants have been appointed, the first time for several years past. The average number of patients on each practitioner's list is 1,959, which is a decrease of 3 on last year's average.

On May 1st there was a 5% increase on the aggregate net remuneration made to general practitioners, and since October 1st payments have been made monthly instead of quarterly.

The four districts into which the Council's area is divided are now classified as follows - Leigh-on-Sea and Westcliff-on-Sea are "Intermediate", and Southend-on-Sea and Thorpe Bay, and Shoeburyness are "Designated".

The newly formed *Ophthalmic Investigation Committee* did not have to meet, a matter which reflects on all concerned, considering the number of sight tests carried out was 26,230 and pairs of glasses supplied 22,479, neither of which figures shows much change on the previous year.

The number of our Staff remains unchanged at 14, and here I should like to mention the illness of Mr. E. C. Day, our Deputy Clerk. He was away sick from January 1st to March 31st, and during this time the staff carried on without extra help. Our grateful thanks are due to all of them for the increase of work this must have entailed. Fortunately Mr. Day is back with us again looking very fit.

The *Medical Service Committee* met 3 times and considered 6 cases. 2 of these were withdrawn, in one the Doctor was admonished and in the other 3 it was decided that there was no breach of the Terms of Service.

The *Dental Service Committee* met 3 times to consider 3 cases. One case was withdrawn, in one it was decided there was no breach of the Terms of Service and in the third a caution was sent.

For the second year in succession there have been no meetings of the *Dental Conciliation Committee*.

The *Pharmaceutical Service Committee* has had to deal with one case only, and held only one meeting. As a result the sum of £5 was withheld from the Chemist in question. This is the smallest number of cases to be dealt with by this Committee for a long time and credit is due to the local profession for the high standard of service."

STATISTICAL DATA

	Year ended 31.3.57	Year ended 31.3.58	Year ended 31.3.57 £	Year ended 31.3.58 £
GENERAL MEDICAL SERVICE				
Number of principal practitioners included in the List	82	83		
Number of assistant practitioners employed by principals	4	4		
Number of persons included in Doctors' Lists.	158,289	161,130		
Number of persons registered as temporary residents.	5,719	6,332		
Total gross payments made to practitioners for general Medical Service			182,361	219,216
Total gross payments made to practitioners for mileage			114	47
Total gross payments made to practitioners for Drugs			202	188
Total payments made to practitioners opting out of the Superannuation Scheme			1,707	1,899
MATERNITY MEDICAL SERVICE				
Numbers of practitioners included in the separate List	53	53		
Numbers of Assistant practitioners included in the separate List	-	2		
Total gross payments made to practitioners for Maternity Medical Services			7,904	7,418
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners.	-	2		
Total amount paid to employing principals			-	2,223
SUPERANNUATION, EMPLOYER'S CONTRIBUTIONS.				
DENTAL SERVICE				
Number of dentists included in the List	37	36		
Number of Assistant Dentists included in the List	6	11		
Total gross payments made to Dentists in the year			158,667	172,600
Total gross payments made to Dentists opting out of the Superannuation Scheme			474	367
Superannuation, Employer's contributions			6,481	7,016
Total amount of Statutory charges to patients			42,914	44,431

STATISTICAL DATA (Cont.)

	Year ended 31.3.57 £	Year ended 31.3.58 £	Year ended 31.3.58 £
SUPPLEMENTARY OPHTHALMIC SERVICE			
Number of Opticians included in the List	26	27	
Number of establishments included in the List	31	32	
Number of Ophthalmic Medical Practitioners included in the List	8	7	
Number of dispensing opticians included in the list	5	5	
Number of sight-tests authorised up to 31st March, 1958: -	246,006		
Number of cases dealt with up to the 31st March 1958, where			
one pair of glasses supplied	122,926		
two pair of glasses supplied	41,431		
three pair of glasses supplied	43		
bifocals supplied	31,746		
one lens supplied	3,151		
(a) Total amount paid to the profession		46,424	50,152
(b) Total amount of refunds of deposits to patients (repairs etc.)		232	149
(c) Total amount of Statutory Charges to patients		26,412	26,945
PHARMACEUTICAL SERVICE			
Number of Pharmacists included in the List	55	53	
Number of Pharmacists' establishments included in the List	64	64	
Number of Drug Stores included in the List	3	1	
Number of Appliance Suppliers included in the List:			
Distributors	26	24	
Manufacturers	6	6	
Amount paid to Pharmacists for dispensing		209,722	222,697
Amount paid to Pharmacists for Rota Duties		1,219	1,307
Amount of Statutory Charges to Patients		32,903	47,255
ADMINISTRATION			
Number of permanent Staff employed	14	14	
Number of temporary Staff employed	-	-	
Number of part-time Staff employed	-	-	

STATISTICAL DATA (Cont.)

	Year ended 31.3.57 £	Year ended 31.3.58 £	Year ended 31.3.57 £	Year ended 31.3.58 £
ACCOUNTS				
Total gross salaries and overtime	7,419	7,663		
Insurance Contributions, employer's share	192	201		
Rent, rates, lighting and cleaning;	421	390		
Postage and telephones	913	900		
Stationery and printing	436	356		
Office Decorations and Repairs, etc.	-	5		
Office Equipment	36	38		
Travelling expenses and subsistence	12	58		
Drug Testing	91	81		
Subscription to Association of Executive Councils	20	20		
Incidentals	-	1		
Employers' Superannuation Contributions	517	534		
Advertising	1	-		
	<u>£10,058</u>	<u>£10,247</u>		
SUMMARY OF EXPENSES				
General Medical Services	193,144	209,623 (inc. Mileage & Drugs)		
Maternity Medical Services	7,904	7,418		
Trainee Assistant Practitioners	-	2,223		
Dental Service	165,622	179,983		
Statutory Charges to Patients		42,914		44,431
Supplementary Ophthalmic Service	46,655	50,301		
Statutory Charges to Patients		26,412		26,945
Pharmaceutical Services	210,941	224,004		
Statutory Charges to Patients		32,903		47,255
Administration	10,058	10,247		
Superannuation Refunds	12	-		
Miscellaneous	2	-		
Grand Totals:-	<u>£634,338</u>	<u>£683,799</u>	<u>£102,229</u>	<u>£118,631</u>

CHILDREN IN NEED

Joint Circular of July 31st 1950

Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The work of this Conference has shown very little change, although our meetings have been as helpful as ever. It is with regret that we learnt that Inspector Windsor, N.S.P.C.C., had decided to retire, and we bade him farewell on 19th May.

Inspector Windsor did much for the children of this area during the years he worked for the N.S.P.C.C. Authoritarian yet kindly in manner, he had a great knowledge of human nature and a vast store of common sense. He was tireless in following up complaints, and both fearless and resolute in dealing with them. We all owe much to his advice and to his wise outlook. He is much missed and will long be held in affectionate regard.

During the year, 61 families were considered by the Conference, 141 agenda items being dealt with.

CREMATORIUM

During the year, 1,477 cremations were carried out at the Southend-on-Sea Crematorium, to which the medical officer of health and his deputy act as medical referees.

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

Registration of Premises (Sect.1 (1) (a)).

Registrations in force January 1st, 1958	...	3
Registrations in force December 31st, 1958	...	4
Applications not proceeded with	...	-
Total number of children "permitted "	...	76
No.who ceased attendance at registered premises	...	55
No.who commenced attendance at registered premises	...	112
Children under supervision during year	...	167
Total visits of inspection	...	22

Registration of Persons (Sect.1 (1) (b)).

Registrations in force January 1st, 1958	...	27
Registrations made during year	...	10
Registrations cancelled by consent	...	9
Registrations in force December 31st 1958	...	28
Applications not proceeded with	...	10
Applications not granted	...	-
No. of children "permitted"	...	210
No. of children "placed" with minders	...	185
No. of children "withdrawn" from minders	...	72
Total children under supervision during year	...	257
Total visits of inspection	...	193

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

Report by:

E. A. BEASANT

Chief Welfare Officer

NATIONAL ASSISTANCE ACT, 1948 - WELFARE SERVICES

With the exception of Section 50 (Disposal of the Dead) the Council's duties under the National Assistance Act, 1948, are carried out by the Health Committee.

The submission, for approval by the Minister of Health, of schemes to promote the welfare of severely handicapped persons, was the outstanding development during the year. A brief reference to the significance of a "scheme" may not be out of place. To carry out duties under the National Health Service Act an authority submits "proposals", under the National Assistance Act it prepares a "scheme". In essence both are very similar. They state what an authority intends to do and the means it will employ. When approved these instruments confer the appropriate powers on an authority, the acquisition of these powers carries a corresponding obligation.

The Minister can require an authority to prepare schemes for promoting the welfare of persons suffering from specific kinds of handicap. Up to the present, however, it has been compulsory only to make schemes for the blind, all other arrangements have been on the initiative of the individual authorities.

It will be appreciated that to acquire duties in the absence of the means - administrative and financial - properly to discharge them, would be unrealistic folly. On the other hand we had found ourselves prevented from assisting some handicapped persons to the extent the resources of the department would allow solely because no "scheme" had been approved.

You were therefore advised to submit a scheme which would give you the powers you could be reasonably expected to be able to exercise in the immediate future and, at the same time be realistic concerning what was likely to be practicable. The schemes, which received the approval of the Ministry at the end of the year, authorised the Council to keep a register of handicapped persons who applied for assistance, and the following extract from the scheme gives a general idea of its provisions:-

Social Welfare

The Council so far as reasonably necessary to meet the needs of handicapped persons shall -

- (1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;

- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise;
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and
- (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheelchairs or spinal-chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

In addition, the Council may:-

- (1) provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme;
- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities designed to secure the greater comfort or convenience of such persons, and if the council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

PART III ACCOMMODATION

The provision, management and staffing of residential accommodation continues to be a major problem and a continued anxiety both to the Committee and the officers, as the demand for it constantly exceeds what is available despite the fact that this accommodation has been doubled since the end of 1948.

Residential accommodation is provided directly by the authority at Connaught House (320 beds) Crowstone House (56 beds) and Pantile House (60 beds). In addition, residents are admitted to a wide variety of voluntary homes pursuant to arrangements under Section 26 of the Act, as will be seen from the following tables. At the end of the year there were 569 Part III residents compared with 527 in the previous year.

Accommodation provided pursuant to Part III of the
National Assistance Act, 1948.

Accommodated in	Persons resident on:										
	5.7.48	1.1.50	1.1.51	1.1.52	1.1.53	1.1.54	1.1.55	1.1.56	31.12.56	31.12.57	31.12.58
Connaught House (Borough cases only)	213	227	230	243	288	282	293	314	330	327	327
Crowstone House	-	-	-	-	-	47	54	56	55	54	57
Pantile House	-	-	-	-	-	-	-	-	-	40	61
Other Local Authorities Homes	25	31	30	33	20	15	17	15	15	15	18
Voluntary Homes under Section 26	2	37	38	41	43	53	63	71	75	84	100
Homes for Epileptics	3	3	4	4	4	4	4	4	4	4	4
Homes and Hostels for the Blind	13	14	13	6	2	1	2	1	2	2	2
Mental After- Care Homes	5	5	5	1	1	1	1	2	1	1	-
Totals	261	317	320	328	358	403	434	463	482	527	569

Persons maintained by Local Authority in
Part III Accommodation during 1958

Accommodation provided in	Resident on 1.1.58		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.58	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford	104	223	73	153	65	125	10	26	102	225
Crowstone House, Westcliff	-	54	-	13	-	8	-	2	-	57
Panfile House, Southend.	17	23	15	30	7	13	2	2	23	38
HOMES OF OTHER LOCAL AUTHORITIES:										
Essex County Council	-	3	-	2	-	-	-	-	-	5
Kesteven County Council	3	-	-	-	-	-	-	-	-3	-
London County Council	2	1	-	-	-	-	-	-	2	1
Middlesex County Council	-	-	-	1	-	-	-	-	-	1
Norfolk County Council	-	4	-	-	-	-	-	-	-	4
Surrey County Council	-	1	-	-	-	-	-	-	-	1
Worcestershire County Council	-	1	-	-	-	-	-	-	-	1
HOME FOR EPILEPTICS	1	3	-	1	-	1	-	-	1	3
HOMES AND HOSTELS FOR THE BLIND	-	2	-	1	-	1	-	-	-	2
MENTAL AFTER-CARE HOMES	-	1	-	-	-	1	-	-	-	-
VOLUNTARY HOMES UNDER SECTION 26:										
Sandringham, Westcliff	2	14	3	9	-	2	1	1	4	20
Dowsettholme, Southend	2	9	-	1	-	-	2	1	-	9
St. Martin's Westcliff	-	17	-	5	-	2	-	2	-	18
Rest Haven, Leigh	-	3	-	-	-	3	-	-	-	-
Millfield, Prittlewell	-	2	-	1	-	1	-	-	-	2
St. Edith's, Leigh	-	5	-	-	-	-	-	-	-	5
Assumption Convent, Near Petersfield	-	1	-	-	-	-	-	-	-	1
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Glebe House, Lexdon, Colchester	-	1	-	-	-	-	-	-	-	1
Eastwood Lodge, Eastwood	-	1	-	2	-	-	-	-	-	3
Gardeners' Benevolent Country Home, Horton	1	-	-	-	-	-	-	-	1	-
Home and Hospital for Jewish Incurables, London N. 15	-	1	-	-	-	-	-	-	-	1
Home for Aged Jews, London, S. W. 12	2	4	2	2	-	-	-	-	4	6
Royal Hospital and Home for Incurables, London, S. W. 15	-	2	-	-	-	-	-	-	-	2

Continued

Accommodation provided in	Resident on 1.1.58		Admitted during year		Discharged during year		Died during year		Remaining on 31.12. 58	
	M	F	M	F	M	F	M	F	M	F
Blenheim House, Oldham	-	1	-	-	-	-	-	-	-	1
Ripon Lodge, London. S.E.5	1	-	-	-	-	-	-	-	1	-
Villa Adastra, Hassocks	-	1	-	-	-	-	-	-	-	1
Nazareth House, Southend	2	3	1	5	-	2	1	2	2	4
St. Katharine's Convent, Parmoor	-	1	-	-	-	-	-	-	-	1
Ashley House, Bognor	1	-	-	-	-	-	-	-	1	-
Fairmead, Theydon Bois	-	1	-	-	-	-	-	-	-	1
Winsford House, Clacton- on-Sea	-	1	-	1	-	1	-	-	-	1
Nazareth House, Isleworth	1	-	-	-	1	-	-	-	-	-
"The Dell" Rest Home, Oulton Broad, Suffolk	-	-	1	-	-	-	-	-	1	-
Moorland House, Hathersage, Nr. Sheffield	-	-	-	1	-	-	-	-	-	1
The Red House, Sudbury, Suffolk	-	-	-	1	-	-	-	-	-	1
West Ham Central Mission, London, E.13	-	-	-	1	-	-	-	-	-	1
"Greenhill" 5 Oaklands Road, Bromley	-	-	-	1	-	-	-	-	-	1
Seven Rivers Cheshire Home, Great Bromley Colchester	-	-	1	-	-	-	-	-	1	-
Netherfield House, Ware, Herts	1	-	-	-	1	-	-	-	-	-
Wittington, Marlow, Bucks	-	1	-	1	-	-	-	1	-	1
"Mildred Duff" Memorial Eventide Home, North Walsham	-	-	1	1	-	-	-	-	1	1

As has been previously stated the care of the aged is a special problem in this area for, although at the 1951 census the County Borough had a population of 151,800, the number of aged was that normally found in a population of some 203,000, viz. 22,691.

CONNAUGHT HOUSE

It is with regret that we must again report that the clamant needs of the old precluded any alleviation of the overcrowding at Connaught

House. Such overcrowding not only restricts the facilities available to the residents, but also frustrates the Committee's desire to improve the standard of amenity and facilities available. Until further accommodation is ready, however, the only alternative would be to leave old people in their own homes in conditions which could not be tolerated. The current pressures on Connaught House do not allow of the proper segregation of persons who, by reason of their mental and physical deterioration and, in many cases, anti-social habits, are a nuisance to their fellows, and one has the greatest admiration for the staff whose devotion, patience and kindness bring happiness to their charges in these difficult conditions.

The Council's plans for the provision of additional hostels moved rapidly during the year and one can hope that it will not be too long before the redevelopment envisaged for Connaught House can be proceeded with. As will be seen from the tables, 73 men and 153 women were admitted to Connaught House during the year, whilst 65 men and 125 women were discharged (mainly to hospital) and 10 men and 26 women died in Connaught House. The transfers between Connaught House and the hospital continued on a satisfactory basis and we are grateful to the geriatric staff of the hospital for their continued co-operation.

Age of Residents

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 60	7	15	22
60 - 69	20	27	47
70 - 79	44	77	121
80 - 89	25	96	121
90 and over	<u>6</u>	<u>12</u>	<u>18</u>
	<u>102</u>	<u>227</u>	<u>329</u>

Of a total of 329 residents, 139 or 42.2% were over the age of 80.

Essex County Council Residents

<i>Resident on 1.1.58</i>		<i>Admitted during year.</i>		<i>Discharged during year.</i>		<i>Died during year.</i>		<i>Remaining on 31.12.58</i>	
M	F	M	F	M	F	M	F	M	F
1	1	-	1	1	-	-	-	-	2

We record with gratitude and pleasure, the help we continue to receive from various organisations in promoting the interests of our residents at Connaught House. Outings and entertainments provided by the Hospital Ladies' Working Party, the Inner Wheel, and Rochford and Shoebury branches of the British Legion, were very much appreciated by the residents. The sustained devotion of various local branches of Toci H to the interests of the old people merits the admiration and gratitude of the residents and the Committee. We are deeply indebted to them for the regular

attendance of the film unit, maintenance of the library and trolley shop, outings for the residents and the many kindnesses they receive from individual members, all of which go on throughout the year and have become part and parcel of life at Connaught House. At all Toc H. meetings there is a ceremony of Light in which occurs the words "Let your light so shine before men that they may see your good works, and glorify our Father which is in Heaven". These sentiments are truly exemplified in the work of Toc H. at Connaught House.

CROWSTONE HOUSE

Crowstone House continued to run very happily throughout the year but many of the residents who were admitted when it was opened in 1953 have suffered physical deterioration necessitating more personal attention than was originally anticipated. In some extreme cases, it has been essential to transfer residents to Connaught House in the interest of their fellows but, wherever possible, Matron and her staff have willingly provided the extra care and attention necessary to enable them to remain at Crowstone House as long as possible. During the year, 13 residents were admitted, 3 on transfer from Connaught House, 2 on transfer from Pantile House, 1 from Westcliff Hospital and 7 from their own homes. A total of 10 was discharged as follows:-

To Connaught House, Rochford	2
To Westcliff Hospital	1
To Southend General Hospital	1
To General Hospital, Rochford	4
Died in Crowstone House	2

so that on the 31st December, 57 were in residence, their ages being as under:-

Under 70	70 - 79	80 - 89	90 and over
7	19	23	8

PANTILE HOUSE

This was the first full year's working of this purpose-built Home and much time was spent on welding the staff and residents into a "home" and sorting out the expected "teething troubles", but one is happy to report that by the end of the year this had been satisfactorily accomplished and the staff and 61 residents were living happily together.

During the year, a total of 45 residents was admitted, 13 on transfer from Connaught House, 1 from the General Hospital, Rochford, 1 from the Sunshine Convalescent Home, Shoeburyness, 1 from "Rest Haven", Leigh-on-Sea and 29 from their own homes.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Resident on 1.1.58	17	23	40
Admitted during year	15	30	45
Discharged during year	7	13	20
Died during year	2	2	4
Remaining on 31.12.58	23	38	61

A total of 24 was discharged, as follows:-

To Connaught House, Rochford	7
To Crowstone House, Westcliff-on-Sea	2
To General Hospital, Southend-on-Sea	1
To General Hospital, Rochford	3
To private addresses	7
Died in Pantile House	4

so that on the 31st December, 23 men and 38 women were in residence, their ages being as under:-

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 70	-	2	2
70 - 79	9	11	20
80 - 89	13	21	34
90 and over	<u>1</u>	<u>4</u>	<u>5</u>
	<u>23</u>	<u>38</u>	<u>61</u>

We are fortunate that St. Edmund's Church, a sister Church of St. Luke's, is so closely situated to Pantile House, for the Minister and congregation have "adopted" our residents at Pantile House, make them very much at home and invite them to their outings and other social functions. We are indeed grateful to the Reverend David Thurley and his helpers.

TEMPORARY ACCOMMODATION

During the year, 45 cases were investigated, and in 17 of these temporary accommodation was provided at Connaught House as under:-

	<i>No. of cases.</i>	<i>Length of stay.</i>
Individual females	12	8 for 1 night 2 for 2 nights 1 for 12 days 1 for 1 week
Mother and 1 child	3	1 for 1 night 2 for 2 nights
Mother and 2 children	1	1 night
Mother and 4 children	1	1 night

BLIND WELFARE

Voluntary

The Southend-on-Sea Blind Welfare Organisation continued its good work during the year. This organisation plays a very important role in the promotion of blind welfare and has attracted to it a very able band of workers to whom we are happy to pay tribute.

During the year, negotiations were proceeding for the purchase of a property to adapt as a small residential home for the blind and also permanent club premises.

Wireless

The British Wireless for the Blind Fund supplied 20 new wireless sets during the year.

Registration

	Males	Females	Total
<i>Register of the Blind</i>			
Number on Register 1.1.58	137	281	418
Left Borough during year	4	7	11
Died During year	17	31	48
Transfers in from other areas	11	8	19
Newly registered during the year	25	37	62
De-certified during the year	2	-	2
On Register 31.12.58	150	288	438
In Homes for the Blind	-	2	2
In other Homes including Part III	5	38	43
In M.D. Institutions	2	4	6

<i>Register of Partially Sighted</i>			
Number on Register 31.12.58	33	69	102

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
s	-	1	-	-	-	2	1	1	-	10	10	14	12	14	47	21	13	4	-	150
les	-	-	-	-	-	4	3	-	2	5	9	17	16	28	92	51	43	18	-	288
1	-	1	-	-	-	6	4	1	2	15	19	31	28	42	139	72	56	22	-	438

Age at onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
s	14	-	-	-	1	1	3	4	11	6	13	18	13	18	27	15	3	2	1	150
les	20	-	1	-	-	7	1	2	6	4	17	29	30	30	90	34	15	2	-	288
1	34	-	1	-	1	8	4	6	17	10	30	47	43	48	117	49	18	4	1	438

Cases newly registered during year.

Forms B.D.8 were received in respect of the following:-

	Males	Females	Total
Certified blind	25	37	62
Certified partially-sighted	6	9	15
Certified not blind or partially-sighted	-	-	-
	<u>31</u>	<u>46</u>	<u>77</u>

Persons whose names were entered on the register of the blind during 1958 were aged:-

Under 20	20-40	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
2		2	3	4	5	17	18	8	3	62

Causes of Blindness (Persons notified 1958. Total 62)

- (i) Primary Cataract. Total 13.
 - (a) Suitable for surgical treatment, ages 82, 84, 90, 83, 98.
 - (b) Not suitable for surgical treatment, ages 73, 84, 67, 91, 88, 80, 78, 84.
- (ii) Primary Glaucoma. Total 15.
Ages 55, 75, 84, 75, 49, 80, 63, 81, 80, 79, 72, 86, 75, 79, 80
- (iii) Diabetic Retinopathy. Total 2. Ages 70, 64.
- (iv) Optic Atrophy. Total 3. Ages, 7, 70, 77
- (v) War Service. 1 aged 61.
- (vi) Toxaemia of maternal pregnancy. 1 aged 1.
- (vii) Albinism. 1 aged 49.
- (viii) Perforated Wound. 1 aged 77.
- (ix) Cerebro-vascular disease. 1 aged 89.
- (x) Errors of Refraction. Total 4.
Ages 69, 56, 80, 58.
- (xi) Senile Macular Degeneration. Total 15.
Ages 84, 83, 83, 80, 86, 85, 70, 72, 87, 77, 82, 90, 87, 84, 83.
- (xii) Retina Defects. Total 5.
Ages 77, 65, 74, 79, 63.

Partially Sighted.

Persons whose names were entered during 1958 in the register of the partially sighted were aged:-

21 - 49	50 - 64	65 and over	Total
1	2	12	15

*Follow-up of Registered Blind and Partially
Sighted Persons*

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:-				
(a) No treatment	7	9	-	38
(b) Treatment (medical surgical or optical)	9	8	-	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	6	-	5

Ophthalmia Neonatorum

No injury to vision resulted from this cause.

Work of the Home Teachers

A total of 1490 visits was made to blind persons in their homes, during which 90 lessons in embossed type and 16 lessons in handicrafts were given.

The handicraft class continued to meet weekly, instruction being given in chair-caning, weaving, netting, string-bag making, basket making and other crafts.

Home Workers.

At the end of the year there were 3 home workers in receipt of augmentation of wages, 2 engaged in basket making and 1 in circular machine knitting.

Periodicals.

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs

Passes were issued to 340 blind people by the Council's Entertainments Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

Transport Passes

Renewed transport passes were issued by the Joint Transport Undertaking to 218 registered blind persons who had previously been accorded this privilege. In addition 5 new passes were issued to totally blind persons during the year. We are grateful to the Undertaking for this continued concession.

MEALS ON WHEELS

The service of meals in their own homes to those incapacitated by illness or old age is now one of the major activities of the W.V.S. In 1949 the local organiser canvassed the possibilities of preparing meals for such a service at the local headquarters. Your officers advised that, by reason of their location, layout and equipment, the premises were wholly unsuitable for an undertaking of this kind and when, in the next year, a new organiser was appointed, she devoted much effort in attempting to obtain a satisfactory meal from a commercial organisation at a price which the beneficiaries could afford to pay.

When it proved impracticable to do this, attention was turned to the suggestion of obtaining meals from one of the Darby and Joan Clubs which provided a mid-day meal for its members, and to this end the Council made a grant to enable the kitchen at Fellowship House, which was then being built, to be designed and equipped so as to provide some of the additional meals which would be required if a service was later based on the club.

In 1957 the W.V.S. revived the project of providing "meals on wheels" and entered into negotiations with the Committee of Management of the Club concerning the purchase of meals. Discussions had reached an advanced stage and seemed likely to be brought to a successful conclusion when the Committee of Management reluctantly decided that its present commitments were so heavy as to preclude the acceptance of any additional burden.

At this juncture the Health Committee decided to convene a meeting of all interested parties to ascertain whether some alternative arrangements could be made.

The W.V.S. then offered to "go it alone" and submitted proposals for preparing meals in premises which your officers had to advise were unlikely to be satisfactory, even with the expenditure of a not inconsiderable sum; advice which was accepted reluctantly, and not without some heart-burnings.

The W.V.S. organiser then turned to the Chief Education Officer to enquire about the possibility of purchasing meals through the School Meals Service and it is pleasant to record the cordial way in which the Education Committee and their

staff responded. It is not too much to say that this proved the turning point in this long road. It was, however, obvious that meals would not be available from the school kitchens during the vacation, and the Health Committee came to the rescue in this particular difficulty by agreeing to make meals available from the kitchen at Connaught House when the schools were closed.

It was finally arranged that the W.V.S. should purchase the meals from the Education Committee or the Health Committee, as the case might be, at 1s.8d per meal and the Council would make a grant of £100 to cover operating costs and any deficit which might be incurred. In June a start was made with the service of between 30 and 40 meals on two days a week.

By the end of the year it was clear that the venture would succeed and the Town Council made further grants of £140 to cover the cost of washing up facilities at the W.V.S. headquarters and £60 for the purchase of two additional hot lock containers. At the same time it was arranged to increase from two to four the number of days upon which meals were distributed.

In all, a total of 2,232 meals were served during the year.

Ernest A. Beasant.

CHIEF WELFARE OFFICER.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 37

Registration of Disabled Persons' or Old Persons' Homes

Registered at 31.12.58		
<i>Homes for Old People</i>	No.	No. of Beds.
Voluntary	4	139
Private	† 15	111
<i>Homes for Old and Disabled Persons</i>		
Voluntary	1	30
Private	† 8	100

† 1 Home also registered under Southend-on-Sea Corporation Acts.

† 2 Homes " " " " " " " "

Homes registered under Southend-on-Sea Corporation Act, 1947. Section 144	5	45
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During the year the Council, by order, cancelled the registration of Mrs. M. E. Smith as a person carrying on a home for old and disabled persons at the Red House, 122 Crowstone Road, Westcliff.

SECTION 47, REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION

This Section empowers the removal of persons "suffering from grave chronic disease" or who "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

SECTION 48, TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS AND OTHER INSTITUTIONS.

Under this Section of the Act, the Local Authority have a duty to protect the movable property of any person admitted to hospital or Part III accommodation if it appears to them that there is danger of loss of or damage to such property and that no other suitable arrangements have been made. 69 such cases came to the notice of the department during the year, involving 127 visits.

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1958.

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Alderman Mrs. C. Leyland, O.B.E.

Vice-Chairman:

Alderman P. B. Renshaw, I.S.O.

Ex-Officio:

Chairman of Education Committee

Alderman A. V. Mussett.

Vice-Chairman of Education Committee

Councillor L. W. Johnson, J.P.

Chairman of Maternity & Child Welfare Committee:

Alderman Mrs. M. Broom.

Councillor Mrs. H. Crawford.

Councillor L. F. C. Curtis.

Councillor R. J. Watts, M.Ch.S., M.R.I.P.H.H.

Mr. E. S. Bowyer.

Miss E. O. Dowsett.

Mrs. T. E. Copeland, J.P.

Reverend Canon P. C. Lee.

Reverend Canon W. E. Toft.

Mr. T. L. Morgan, M.Sc., A.M.I.C.E., A.M.I.Struct.E.

Mr. F. R. Price, M.A.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Dorothy Irene Klein, M.B., Ch.B., D. Obst. R.C.O.G.

William Ian Glass, M.B., Ch.B. (N.Z) appointed 24.2.58
resigned 31.7.58

Marion Harrison, M.B., B.S., D.P.H. appointed 15.9.58

Principal School Dental Officer:

Edgar C. Austen, L.D.S., R.C.S. (Eng).

Superintendent Health Visitor

Miss Edith Roberts.

Health Visitors and School Nurses:

Miss M.N. Withams.
Miss D.E. Stevens.
Mrs. U. MacGrath.
Mrs. A.M. Hart.
Miss F.L. Blackburn.
Mrs. J.M. Fairfax.
Miss M. Brennan.
Miss J.M. Gaillard.
Miss M.E. Bryant, resigned 31.5.58
Miss M.W. Nichols, resigned 26.10.58
Miss K. Noonan.
Miss E.J. Watson, resigned 10.7.58
Mrs. L.W. Roshier.
Miss M.A.L. Fowles, appointed from training 6.1.58,
resigned 30.4.58
Miss P.M. Reeves, appointed from training 6.1.58
Miss R.G.H. Payne, appointed from training 11.8.58

Student Health Visitors under Training:

Miss M.M. Braun, appointed 6.1.58
Miss D.E. Bicknell, appointed 15.9.58
Miss J.N. Hoare appointed 22.9.58

School Clinic Nurse:

Miss D.L. Willis

Senior Educational Psychologist:

Hubert J. Wright, B.Sc. resigned 31.3.58
Thomas Doyle, B.Sc., Ed.B., A.B.Ps.S. appointed 27.3.58

Assistant Educational Psychologist:

Mrs. E. Holmes, B.A. resigned 31.3.58
Mrs. M.G. Thorstad, B.Sc. appointed 1.9.58

Psychiatric Social Worker:

Miss D.L. Freeman-Browne.

School Clinic Attendant:

Miss A.L. White.

Dental Attendant:

Miss I.J. Sinclair.

Clerks:

Miss L.C. Wright.
Miss B. Pettitt.
Miss E. Coales.
Miss P.S. Allen.
Mrs. J.M. Rothwell, resigned 30.6.58
Mrs. I.F. Wilding, appointed 15.7.58

B. PART-TIME OFFICERS

Psychiatrist:

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

Speech Therapist:

Mrs. C. Young, L.C.S.T. resigned 31.5.58.
Miss P.P. Clancy, L.C.S.T. appointed 7.7.58

Physiotherapist at Open Air School:

Mrs. M. Hale (née Putnam), M.C.S.P.

**Municipal Health Centre,
Warrior Square,
Southend-on-Sea.**

Telephone: Southend 49451

ANNUAL REPORT

This report for 1958, like many of its predecessors, is by the hand of my Deputy, who continues to provide leadership and impetus to the School Health Service.

Poliomyelitis vaccination imposed heavy demands on your medical staff whose preoccupation with it accounts for the large reduction in the number of routine medical inspections completed this year. Our task was made much easier by the facilities so readily granted by your Committee for the distribution of literature and consent forms, and for permission to conduct vaccination sessions at the schools.

Another important event was the opening of the special class for partially deaf children at Victoria Avenue Primary School. This project was intended to provide not only specialised instruction for the partially deaf child, but a Centre to which the parents and their children could look for expert assistance and support. It is quite evident from what we have seen during its first year that the Unit will amply fulfil the hopes of those concerned in its establishment.

I acknowledge gratefully the continued confidence of the Committee, the willing co-operation of its officers and teaching staff, and the loyalty of all those who have any part in your School Health Service.

J. Stevenson Hogan.

PRINCIPAL SCHOOL MEDICAL OFFICER.

STAFF

Once more there were many staff changes to report.

The sudden death in January of Dr. Dorothy Paterson came as a personal loss, not only to her colleagues but to the many friends she had made during her nine years work in the school health service.

The post proved difficult to fill, the dearth of suitable applicants suggesting that the fears of the Willink Committee (1957) concerning future overcrowding in the profession may not be realised.

It was September before Dr. Marion Harrison joined us; in the interim Dr. W. I. Glass acted as locum tenens from February to July.

Of our health visitors and school nurses, Miss M. E. Bryant resigned in May, Miss E. J. Watson in July, and Miss M. W. Nichols in October. Three health visitors joined the staff on completion of their sponsored training, Miss M. A. L. Fowles and Miss P. M. Reeves in January, and Miss R. G. H. Payne in August. Miss Fowles subsequently resigned her appointment in April in order to prepare for a future career in the Mission Field. The Committee agreed to sponsor the training of three additional students, Miss M. M. Braun, who began her training in January, and Miss D. E. Bicknell and Miss J. N. Hoare, who began in September.

In March both educational psychologists resigned. The senior, Mr. H. J. Wright, was succeeded in the same month by Mr. T. Doyle, and Mrs. E. Holmes, in September by Mrs. M. G. Thorstad.

Mrs. C. Young, speech therapist, resigned in May, and her successor, Miss P. P. Clancy took up duty in July.

Mrs. J. M. Rothwell, the clerk in the Child Guidance Clinic, resigned in June and was succeeded by Mrs. I. F. Wilding.

ROUTINE MEDICAL AND DENTAL INSPECTION

Comparison of the statistical tables at the end of this report with those of previous years will show that they have been extensively re-cast. Part I, Table A, relating to periodical medical inspections, now shows both the number of pupils inspected and the classification of their physical condition, hitherto recorded in a separate Table. It has also been expanded to provide this information in respect of the children inspected in each year of birth separately, instead of merely in the three Age Groups of routine inspection.

The same system has been adopted in Part I, Table B, which relates to children found to require treatment at routine medical inspection.

Part II, Table A, dealing with defects found at periodic inspections, now includes a separate column for pupils other than Entrants or Leavers, so that the figures shown as Totals are now the sum of the preceding columns, which was not necessarily the case previously.

In Part III, the Tables relating to Treatment, no distinction is now shown between treatment provided by the Authority and that obtained through other agencies, except that there is a new item in Table C (Orthopaedic and Postural Defects) indicating the number of pupils treated at school for postural defects. No pupil is shown in this section in the present report. The Remedial Treatment Centre formerly provided by the Authority has never been re-opened since the War, and although the physiotherapist at the Open Air School does a certain amount of work which could be described under this heading, the children she treats are suffering from specific handicaps, such as cerebral palsy, poliomyelitis etc. and not simple postural defects.

The changes in the statistical Tables outlined above were announced by the Ministry of Education in November, 1957, so that the information has been collated in the new form throughout the year.

Routine medical inspection had unfortunately to be severely curtailed this year, the total number of children inspected being 2,451, compared with 4,938 in 1957. This was due partly to the long interval between the death of Dr. Paterson and the appointment of her successor, and partly to the exceptional demands made on the medical staff by the poliomyelitis vaccination campaign.

No special comment is required on the findings at routine medical inspection, which remained much the same as in previous years.

The Principal School Dental Officer was again single-handed throughout the year, and the limited amount of his time which could be allocated to routine inspections was comparable with previous years.

PROVISION OF MILK AND MEALS

The average number of meals supplied by the School Meals Service is over 11,000 per day. It is very satisfactory to record that there was again no outbreak of food poisoning attributable to this source.

The proportion of children taking school dinners remains fairly constant and this year was 36 per cent. in the primary schools and 48 per cent in the secondary schools.

All milk supplied to the schools is pasteurised.

Two new kitchens were opened this year, at Southchurch Hall High School and the new Eastwood High School for Girls. At the end of the year there were 28 kitchens in operation.

1. ARRANGEMENTS FOR TREATMENT

A. School Clinics.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No. 70 Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.15 p.m. throughout the year.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9. a.m., Monday to Saturday throughout the year. (Treatment by School Clinic Nurse).

C. Dental Clinic.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 11 sessions weekly throughout the year.

No. 70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open during the year.

D. Eye Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Two sessions weekly - Monday morning and Wednesday afternoon until 11.6.58: four sessions weekly from 5.8.58, viz Monday morning, Thursday morning and Friday morning and afternoon.

F. Child Guidance Clinic.

Psychiatrist provided by Regional Hospital Board.

Premises and ancillary staff provided by Local Authority.

No. 20 Warrior Square, Southend-on-Sea

The Clinic works on an appointments system. The psychiatrist attends on 4 sessions a week, on Monday and Friday throughout the year.

G. Speech Therapy Clinic.

No. 20, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Wednesday morning and after-noon and Saturday morning, when she is engaged on work for the Hospital Management Committee, and Thursday morning when she attends the Day Open Air School. The time-table is subject to variation when the Therapist has to visit schools to interview head teachers.

The clinic arrangements listed above show no change from the previous year, and while they have not been shown to be inadequate to cover the needs of the area, the rapid housing developments in Shoeburyness and Eastwood make some additional facilities desirable for the future. The Dental Clinic, the unfortunate situation of which is well known, still awaits the appointment of dental officers, and the Child Guidance Clinic would extend its usefulness if it employed more psychiatrist sessions. A weakness of the minor ailment clinics in the out-lying areas is that they are only held once a week. This difficulty was formerly overcome by the area school nurse visiting the clinic as often as might be necessary during the week to carry out any intermediate treatment. It has become progressively more difficult to arrange this with any regularity owing to shortages of staff and the growing pressure of work on the combined health visitors and school nurses.

Any child who requires to be seen by the doctor before the expiration of the week can, of course, attend the daily clinic at the Municipal Health Centre, but this may involve a lengthy journey with consequent loss of school time.

2. MALNUTRITION

This term in its scientific sense comprises all deviations from normal nutritional health, and therefore should include obesity, which is not at all uncommon in children today, and subnormal nutrition due to a wide variety of pathological conditions. In its narrower meaning of insufficient nutrition as a concomitant of poverty, it remains uncommon, at least in clinically recognisable manifestations. Apart from national factors such as family allowances and full employment, the school meals service can justifiably claim some credit for this happy state of affairs, not only in the general excellence of the meals provided, but by reason of the arrangements made for the provision of free milk and meals to necessitous children. On an average day, of the children taking dinner at school, about 8% in the primary schools and 6% in the secondary schools receive the meal free of charge.

During this year the Committee revised the "free school meals scale". Hitherto free meals were granted to children on a system which took into account the number of children in the family and the income of the parents after certain deductions. Under this system all the children attending school were granted free meals if the family income was below a certain figure. If however the income subsequently rose above that figure, free meals were no longer provided for any of the children. It is apparent that this arrangement could on occasion cause hardship, more especially in the larger families. It was therefore replaced by a "taper" scale, under which, as the family income rises, one child is taken off the free meals list at a time, beginning with the eldest child.

3. MINOR AILMENTS

Treatment by the School Clinic Nurse is available daily at the Municipal Health Centre and also at the medical officers' inspection clinics.

Attendances at inspection clinics numbered 3427 compared with 4470 in the previous year, and attendances at the treatment clinics were 2294 compared with 2732. There is a normal fluctuation in these figures in accordance with the varying incidence of the conditions for which children seek treatment at the school clinic.

No special conditions calling for comment were encountered during the year.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

Routine cleanliness inspections by the school nurses are conducted as soon as possible after the commencement of each term and on other occasions as may be necessary. The total number of individual examinations was 48,586 compared with 47,216 in the previous year. The number of individual pupils found to be infested was 100, compared with 50.

Routine inspection of the boys' secondary schools was discontinued in 1957, and in general the incidence of infestation in this group remains low.

A special class inspection was undertaken in one boys' secondary school at the request of the headmaster, following a complaint from a parent that her son's head was infested. The inspection revealed five other cases of infestation, all of a minor character.

5. CONVALESCENT TREATMENT

Convalescent treatment for school children is provided free of charge to parents. Five children received convalescent treatment this year, compared with six in 1957.

The number of applications has always been small, as is perhaps to be expected in a town which is a health resort. It has also to be remembered that the local authority's arrangements are not the only source of convalescent treatment provided by the community. Children who require convalescence as a continuation of hospital treatment are provided with it through the Regional Hospital Board.

6. DENTAL TREATMENT

Mr. E. C. Austen, Principal School Dental Officer writes:-

" The number of patients seeking emergency treatment for the relief of pain remained high at the figure of 1974, giving an average of 5 for every working session, and this inevitably made inroads into the amount of routine dental treatment that could be undertaken. It is pleasant, therefore, to be able to report that the number of permanent teeth conserved increased by 350 during the year. This I consider is partly due to the fact that there was no major interruption of attendances by epidemic disease.

Orthodontic treatment continues to be popular with both parents and children, and showed an increase of 35%, the time devoted being equivalent to 1½ sessions a week; this also is a slight increase.

At routine dental inspections at the primary and secondary schools, it is noticed that the volume of conservative treatment undertaken by the private practitioners in the National Health Service scheme continues to increase. Hence it is not found necessary to refer for treatment such a high percentage of children as in former years.

During the year 16 children were provided with artificial dentures, all for the loss of anterior teeth in accidents; 6 children were provided with crowns, also all for accidents to anterior teeth.

Dental treatment undertaken on behalf of the Maternity and Child Welfare Service was kept to a minimum as it was felt that the School Dental Service must have prior claim to the services of the depleted staff. Nevertheless, it was found necessary to devote 22 sessions to this service."

7. EYE DISEASES AND DEFECTIVE VISION

There was no change in the arrangement with the Regional Hospital Board whereby a refraction clinic is held once a week at the municipal health centre where 315 children made 1110 attendances. The consultative eye clinic is held at Southend General Hospital, where in-patient treatment is also provided.

8. ORTHOPTIC CLINIC

This clinic is also provided by the Regional Hospital Board and supplements the orthoptic provision at Southend General Hospital. Despite a substantial interval during which there was no orthoptist available, 151 children received treatment during the year.

9. DISEASES OF THE EAR, NOSE AND THROAT

Specialist advice and in-patient treatment are provided at Southend General Hospital, where there is also a hearing aid department.

The number of children who received operative treatment for adenoids and chronic tonsillitis was 427, compared with 578 in the previous year.

The following table shows the number of children examined at routine medical inspections who were found to have had tonsillectomy at some time prior to examination. Owing to the smaller number of routine inspections this year, it is difficult to compare these figures with those of previous years.

ROUTINE MEDICAL INSPECTIONS 1958.
Children found to have had Tonsillectomy.

Age Groups Examined	Number Examined	No. Had Tonsillectomy	Tonsillectomy Rate %
Boys 3-9 years	652	47	7.2
Girls 3-9 years	557	27	4.8
Total	1209	74	6.1
Boys 10-12 years	419	73	17.4
Girls 10-12 years	476	52	10.9
Total	895	125	13.8
Boys 13 and over	-	-	-
Girls 13 and over	347	82	23.6
Total	347	82	23.6
Grand Total	2451	281	11.5

In addition to the facilities for the investigation of hearing defects at Southend General Hospital, selected children presenting special problems are referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital. During this year three children were provided with commercial monopack hearing aids by the Education Authority. It is likely that these recommendations will

be fewer in future, as the Medresco monopack aid is now available for children. There may, however, still be some children for whom the consultant audiologist recommends the provision of a commercial aid.

The special unit for the partially deaf did not begin to function as a teaching unit until January, 1959, but Miss B. Hughes took up her appointment as teacher of the partially deaf in September on completion of her specialist training at Manchester University. The autumn term was occupied in a survey of children with hearing defects selected by the school medical officers, with a view to assessing their educational needs and deciding which children should form the initial intake to the new unit and whether they required to attend full-time or part-time.

Eventually five children were selected for whole-time attendance at the Unit, another five for part-time attendance, and a further eight for additional testing and observation to enable their educational needs to be fully assessed.

The Unit occupies a room at Victoria Avenue Primary School and has accommodation for ten children to be taught simultaneously. The room is, by design, only partly sound-proofed, the intention being to reduce extraneous noise and reverberation, but to leave conditions sufficiently near to normal to enable children to learn to manage their hearing aids when other sounds besides speech are amplified.

The unit is equipped with a dual system of amplification. The children sit grouped in a semi-circle round the teacher, their desks having a set of ear-phones connected through a group hearing aid to the teacher's microphone. Alternatively the teacher can employ the induction loop system, whereby the children use their individual hearing aids which have been modified so as to pick up the impulses from a magnetic field induced in a wire loop running round the wall of the class room. The advantage of this system is that it avoids the use of a head set, employs the hearing aid which the child is accustomed to wearing at home, and does not limit his mobility, since he is not connected by any physical wiring to his desk or the teacher's amplifier. The disadvantages are that its effective use demands a higher level of acoustic efficiency in the classroom and that, although hearing the teacher, the child cannot hear so well either his own voice or that of other children in the class.

It is recognised that a single class unit, which can only cater for ten children simultaneously, will not fully meet the needs of the partially deaf children who are suitable for this type of education. The ultimate intention is to establish a two-class unit in a primary school. The choice of Victoria Avenue

school for this single class unit was dictated by practical considerations, namely the need to find premises which could be made available without delay when the teacher completed her training. This school, being on the Civic Centre site, has a limited future use before its demolition. It is hoped that by the time the unit moves to new premises valuable experience will have been gained, and the expenditure in equipping this room will not be lost, since most of the materials used in sound-proofing, and all the technical apparatus, can be used elsewhere.

10. ORTHOPAEDIC AND POSTURAL DEFECTS

As described in last year's report, the special quarterly clinic for school children was discontinued in 1957, and children with orthopaedic defects are now dealt with through the ordinary out-patient machinery at Southend General Hospital.

Fewer children than formerly are referred to the orthopaedic surgeon via the school health service. The major congenital defects are discovered either by the general practitioner or the infant welfare clinic, and minor postural defects appear to be less common. The greater attention paid to physical training in the schools, as well as improved standards of nutrition, may have played a part in this.

11. SPEECH THERAPY CLINIC

Fortunately only a short interval elapsed between the departure of one speech therapist and the arrival of her successor.

There was again no substantial waiting list for speech therapy, and it was possible to arrange a regular weekly session for a group of children requiring therapy at St. Christopher's School. This is a continuation of an arrangement which has been adopted at a number of the more peripheral schools from time to time. Where there is a number of children in a school, and their defects are susceptible of group therapy, it is both convenient and economical of school time to send the therapist to the school. The weekly session at the Open Air School is on a rather different basis, since most of the children receiving speech thereapy there suffer from severe physical handicaps which would preclude their attendance at the clinic without special transport.

The following table shows the number of defects under treatment during the year:-

<i>Diagnosis</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Alalia ...	4	1	5
Dyslalia ...	52	25	77
Stammer ...	25	4	29
Dysarthria ...	-	-	-
Cleft Palate ...	3	2	5
Delayed Speech ...	5	6	11
Cerebral Palsy ...	4	4	8
Dysphonia ...	4	1	5
Hard of Hearing....	-	-	-
	<u>97</u>	<u>43</u>	<u>140</u>

12. CHILD GUIDANCE CLINIC

It is a pleasure here to refer to the work of Mr.H.J.Wright, senior educational psychologist since 1952 who left in March to take up a similar appointment at Portsmouth. An educational psychologist has professionally a dual personality. In the schools he is the adviser on methods and placement and the diagnostician of educational retardation, and as such is completely independent. In the Child Guidance Clinic, however, he becomes one of a team co-operating in the treatment of a child for whom previously he may have had to accept no shared responsibility. Acceptably and without friction to fulfil these diverse responsibilities calls for both judgment and integrity, and in these matters we have been most fortunate in Mr.Wright's appointment. He was particularly interested in handicapped children and in remedial teaching work, and his lectures to teachers on the psychological problems of childhood were widely appreciated. His election in 1957 to the Secretaryship of the Committee of Professional Psychologists was a measure of the high regard of his professional colleagues, which gave much pleasure to his friends in Southend.

Comparison of the Table given below with the corresponding figures for last year shows that the interval between staff changes made a substantial difference to the number of children dealt with by the educational psychologists, the total number of interviews being 893, compared with 1896. In other respects the volume of work accomplished by the child guidance clinic team was approximately the same as in recent years. This state of affairs, and the smallness of the waiting list, is only achieved by a realistic approach and a careful selection of cases for treatment on the basis of the greatest good for the greatest number. The present demands on the clinic require more psychiatric sessions and more psychiatric social workers' time.

CHILD GUIDANCE CLINIC

Part time Psychiatrist:

Interviews with children	...	...	...	619
Interviews with parents	...	...	...	672
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	28

Psychiatric Social Worker:

Interviews with parents	...	...	...	883
Interviews with children	...	...	...	283
Home Visits	...	...	...	121
Visits - other agencies (e.g. Probation Officers)				295

Educational Psychologists:

Interviews with children at clinic	...	...	...	583
Interviews with children at school	...	...	...	310
Interviews with parents	...	...	...	282
Interviews with Head Teachers	...	...	...	222
Interviews with Probation Officers and other agencies	...	...	...	91
Home Visits	...	...	...	33

The following tables show the sources of referral in the 133 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of Referral	Boys	Girls	Total
Parents	9	4	13
Principal School Medical Officer	5	2	7
Probation Officers/Juvenile Court	3	-	3
Private Doctors	40	21	61
Other Agencies	7	2	9
Medical Officers (S.G.H.)	3	5	8
Educational Psychologist	11	5	16
Head Teachers	13	3	16
	91	42	133

Age Range	Boys	Girls	Total
Under 5 years	10	2	12
5 - 7 years	19	8	27
8 -10 years	30	13	43
11 -13 years	26	15	41
14 -16 years	5	4	9
16+	1	-	1
	91	42	133

Nocturnal enuresis is a perennial source of exasperation alike to parents and paediatricians, and a cause of much misery to sensitive children. The variety of the methods of treatment employed, including drugs, psychotherapy, and various surgical procedures, is itself an indication that there is no single answer to the problem it poses. In recent years there has been a revival of interest in the method which employs an electrical warning device which rouses the child from sleep as soon as

enuresis begins to occur. The apparatus consists of two electrodes separated by a layer of insulating fabric and connected to a battery-operated electric bell. As soon as the bed becomes wet the fabric ceases to act as an insulator, contact is made, and the bell rings. The object of this is to produce, as it were, a conditioned reflex in the child so that when his bladder reaches the degree of tension which normally results in enuresis he will wake up.

Children whose main presenting symptom is enuresis form a not inconsiderable proportion of the practice of child guidance clinics, and I am indebted to Dr.H.Bevan Jones for the information upon which the following account is based.

During the five years 1954 - 58 inclusive, 55 children were referred to the clinic primarily on account of enuresis. The sources of referral were as follows:-

Family Doctor	34
School Medical Officer	5
Psychologist	4
Hospital	2
Other Agencies	10
	<u>55</u>

An analysis of the ages of children when first referred is shown below:-

Age in years	3	4	5	6	7	8	9	10	11	12	13	14	15
No. of children	1	5	7	4	6	10	9	2	3	2	3	2	1

This shows a maximum distribution in the ages 4 to 9 years, with a peak in the age groups 8 and 9 years. It should however be appreciated that most children with enuresis are treated by other methods first, and only those who do not respond are referred to the psychiatrist. Moreover, the age at which parents cease to regard enuresis as a normal phenomenon and seek medical advice varies widely.

The time taken to effect a cure, by any method of treatment, is also subject to wide variation. The following table shows the number of consultations per child during the period under review in the 55 children in this study:-

No. of consultations	1	2	3	4	5	6	7	8	9	11	12	15	17	19
No. of children	11	3	4	8	5	4	6	5	3	1	1	2	1	1

This table is only of interest as showing the general pattern of treatment time required, since it is not claimed that all these 55 children were cured. Analysis shows that 18 were treated by counselling of parents and superficial psychotherapy with varying degrees of improvement; 16 were treated by psychotherapy with the addition of amphetamine, and of these 9 were improved and 7 became completely dry; 7 were treated by the use of the electrical apparatus referred to above, and all became dry; 5

were deferred for various reasons, for review later; 4 ceased attendance before any improvement had been achieved; and in the remaining 5 cases the enuresis was considered to be secondary to other problems and no improvement was obtained.

As stated, these cases relate to a period of five years. The electrical apparatus was only in use in the clinic during the last eighteen months of this time. Since then 3 more cases have been treated by this method; 2 of them rapidly became completely dry, and the third was a failure. Dr. Bevan Jones attaches considerable importance to the careful selection of suitable cases for treatment by this method. It appears to be most valuable where there is a definite element of hypersomnia, and in the absence of severe underlying psychological factors such as anxiety. A full history is first obtained by the psychiatric social worker, and routine investigations are undertaken by the educational psychologist. These usually include the Wechsler Scale of intelligence tests, Projection Tests, and attainment tests in reading and arithmetic. The child and his mother are then interviewed by the psychiatrist, and a decision to try the apparatus is only made if psychogenic factors can be reasonably excluded and he is satisfied that the child will co-operate and has a genuine desire to be dry at night.

Its use is then explained to the child and the mother, and a demonstration given of how the bell rings. The mother is instructed in its use and asked to keep a record of events, including the number of times enuresis occurs, the time at which the alarm has sounded, what time the child went to bed, what time he awoke in the morning, and his reactions to the bell. The child and the mother are seen at the clinic at least once a week during the period of treatment, the average duration of which in this series was 2 - 3 months.

Three sets of this apparatus were purchased for use in the clinic and loaned to parents. This would appear to be the most useful and economical way of employing the method, since the apparatus is quite expensive for parents to buy, and with the exception of the metal foil electrodes, which require replacement, it has an effective life much longer than that required on the average for the treatment of one case.

FOLLOWING-UP AND WORK OF NURSES

The decline in the number of routine follow-up visits to children in their homes, which was noted last year, again continued. There were 1162 visits compared with 1323, although allowing for resignations and new appointments the number of school nurses was about the same. The explanation is a simple one: saturation point has been reached with the staff at present available.

The following Table shows the follow-up visits made by the nurses during the year:-

	No. of Children	No. of Visits
Enlarged tonsils, adenoids or mouth-breathing ...	79	79
Squint or defective vision	119	122
Deformities ...	11	11
Verminous conditions ...	210	201
Infectious diseases ...	208	194
Contagious skin diseases (Impetigo, Scabies, Ringworm)	23	28
Malnutrition, neglect etc.	13	9
Defective teeth ...	14	14
Tuberculosis ...	5	5
Other conditions, e.g. Elepharitis, Bronchitis, Otorrhoea, etc. ...	<u>507</u>	<u>499</u>
Total	<u>1,189</u>	<u>1,162</u>

HANDICAPPED PUPILS

Progress in the establishment of the new unit for the partially deaf has been referred to elsewhere.

There was no change in the arrangements for the provision of home tuition for the small number of educable children who are unable to attend any school. These are usually children who severe, often multiple, physical handicaps, but this year the help of the Home Teacher was enlisted for two children with severe psychological disturbance who had been for some time unable to go to school. They had been fully investigated at the Child Guidance Clinic and it was felt that the provision of home tuition would not only bridge the gap in their educational progress but serve to restore their confidence in the school situation. At the time of writing one of these children is still receiving home tuition, and the other has resumed full time attendance at school, after a somewhat anxious period when he would only go to school if accompanied by his home teacher.

The provision of hospital tuition for four sessions a week in the children's wards at Southend General Hospital continues to fulfil a useful purpose and commands the wholehearted support of the hospital authorities.

Reference was made last year to the establishment of a special class for maladjusted pupils at Chalkwell Primary School. This experiment has proved very successful and it is hoped to establish a second class in 1959.

The type of problem with which the class is designed to deal is well illustrated by the following account of a boy who was aged 8 years when he was referred to the Child Guidance Clinic in 1957.

" A. is a very small pale boy who is extremely inhibited. He sits in the classroom and very rarely does any work. He seems indifferent to praise or blame and is apprehensive of everyone. In the playground he stands huddled in a corner. He has no friends and tends to tell tales about the other children. In the testing situation at school he spoke in a whisper and it was quite impossible to make a positive relationship with him. His mother is a very disturbed, anxious woman who told the headmaster she suffers from mental illness. She appears to have great difficulty in managing A at home; he screams and shouts and is very aggressive to the younger boy, aged 4, of whom he is very jealous. At times he has refused to go to school. Tests indicate that A. is at least of good average ability and potentially of above average intelligence. His reasoning ability is very good. His reading is not significantly retarded and he is in the top reading group in his class.

Summary

A very disturbed withdrawn boy of at least average ability who is so anxious at school that he is quite unable to work or play. Tension and jealousies in the home are probably contributing to his maladjustment."

He was admitted to the special class in September, 1957, and in February, 1959, a report was received of which the following is a summary:-

"During his first week in the class he would not speak at all but the following six months brought forth a slow progress and gradually he began to talk to strangers, played with other children and accepted invitations out to tea. He was conveyed to the school from his home by taxi as he was unable to travel on public transport. As his improvement increased he was gradually introduced to public transport again and in October, 1958, he was able to give up the taxi altogether. In December, 1958, there was a marked improvement in his overall development, his enuresis had cleared up; his behaviour was normal and he was working very well. He began to make independent and intelligent decisions of his own and it was considered justifiable to let him return to an ordinary school. At the time of reporting, he had settled very well in school and his attitude at home continued to show improvement."

SPECIAL SCHOOLS

DAY OPEN AIR SCHOOL

The completion of the first stage of the alterations to this school has effected an immense improvement. The toilet accommodation has been extensively re-organised, with new cloakroom-toilet suites immediately adjacent to the more distant classrooms. Formerly children on crutches or in wheel chairs had to traverse, or be wheeled across, an area of open ground between the cloakrooms and the classroom, and the new facilities are welcomed both by pupils and staff, as is also the new heating system which permits the maintenance of a reasonable temperature in cold weather without sacrificing the benefits of fresh air. The conversion of one of the rest-sheds into two bright and attractive rooms has provided much needed space for the physiotherapist and given the headmistress an additional room for special activities.

Handicapped Pupils	(1) Blind (2) Partially sighted.		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped.		(7) Education- ally sub-normal (8) Maladjusted		(9) Epileptic	TOTAL (1) - (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
In the year ended 31st December, 1958:-									(10)	
A. Newly placed in Special Schools	-	2	-	1	11	10	19	1	-	44
B. Newly ascertained as requiring special schooling	-	-	1	6	11	9	23	1	1	52
On 31st January, 1959:-										
C. (i) Attending Special Schools.										
(a) Day	-	-	-	-	54	27	99	-	-	180
(b) Boarding	4	6	4	3	2	4	5	2	1	31
(ii) Attending Independent Schools	1	-	-	2	-	2	2	5	-	12
(iii) In Boarding Homes	-	-	-	-	1	-	-	-	-	1
TOTAL	5	6	4	5	57	33	106	7	1	224
D. Receiving Education otherwise than at School										
(i) In Hospital	-	-	-	-	3	4	-	-	-	12
(ii) In Other Groups	-	-	-	5	2	-	-	9	-	16
(iii) At Home	-	-	-	-	-	4	-	2	-	6
E. Requiring Places in Special Schools.										
(i) Day	-	-	-	-	-	-	25	-	-	25
(ii) Boarding	1	-	1	-	-	4	1	1	1	9

The second stage of the projected improvements still awaits completion. The hall, which is used for assembly, rest-periods and dining, is too small to permit all the children to have dinner at one sitting, and the kitchen is also too small for the number of meals prepared in it. In addition the scheme includes a re-organisation of the shower room and the provision of a medical examination room, which, strange as it may seem, the school has hitherto lacked.

During the year there were 25 admissions and 31 discharges and at the end of the year there were 93 children on roll, the present number of places being 100, excluding the nursery class. The school medical officer who pays a weekly visit throughout the year, conducted 340 special examinations.

The following Table shows an analysis of the medical condition of the 120 children who were in attendance during the year:-

	Boys	Girls
Asthma	25	11
Bronchiectasis	3	3
Recurrent Respiratory Infections	10	10
Recovered Pulmonary Tuberculosis	1	2
Still's Disease	1	1
Cerebral Palsy	9	8
Post-poliomyelitis	6	3
Pseudo-hypertrophic Muscular Dystrophy	2	-
Congenital Heart Disease	4	-
Non-pulmonary Tuberculosis	-	1
Haemophilia	2	-
General Debility	5	2
Spina Bifida	2	3
Sarcoidosis	1	-
Perth's Disease... ..	1	-
Fragilitas Ossium	1	-
Nephritis	-	1
Arthro-gryposis	1	-
Post-Encephalitis	1	-
	<u>75</u>	<u>45</u>

ST. CHRISTOPHER SCHOOL

Owing to the continued staffing difficulties, the school was still unable to open to its maximum capacity of 120 places. There were 17 admissions and 10 discharges during the year. Further admissions in January, 1959, brought the total number on roll up to 99 at the end of that month. There is still a substantial waiting list, and although it is hoped that the staff position will soon permit the opening of an additional class, the parallel need for special classes for backward children in the ordinary schools deserves to be re-emphasised.

The following table shows the number of children maintained in residential special schools not provided by the Authority:-

BLIND AND PARTIALLY SIGHTED

	Boys	Girls
West of England School for the Partially Sighted	2	1
Dorton House, Aylesbury	1	-
Worcester College	1	-
Blatchington Court School for Partially Sighted Boys	1	-
Rowton Castle	-	1
Chorleywood College	-	1
Barclay, Sunninghill	-	2
Hethersett	1	-
Exhall Grange, Coventry	1	-

DEAF AND PARTIALLY DEAF

	Boys	Girls
Royal School for the Deaf, Margate	2	-
Portley House, Caterham	-	1
Mill Hill Oral School, Haywards Heath	-	1
School for Jewish Deaf, Wandsworth Common	-	1
St. Thomas's Basingstoke	-	1
Needwood School for the Partially Deaf	1	1
Mrs. Ingall's Woodford Green	1	-

EDUCATIONALLY SUBNORMAL

	Boys	Girls
Camphills, Aberdeenshire	1	-
East Hill House	2	-
Pitt House School, Chudleigh, Devon	1	-
Besford Court	3	-
St. Joseph's, Cranleigh	1	-

PHYSICALLY DEFECTIVE AND DELICATE

	Boys	Girls
Palace School, Ely	-	2
Hinwick Hall, Wellingborough	1	-
Burton Hill House, Malmesbury	-	1
St. Monica's Home, Kingsdown	-	1
Hawksworth Hall	1	-
St. Mary's, Bexhill-on-Sea	-	1
St. Patrick's, Hayling Island	-	1
Oak Bank, Sevenoaks	-	1
Thomas Delarue, Tonbridge,	-	1
Ogilvie, Clacton	1	-
St. Catherine's Home, Ventnor	1	-
Meath, Ottershaw	1	-
Davos, Switzerland	2	-

EPILEPTIC

	Boys	Girls
Colthurst House	1	-

MALADJUSTED

	Boys	Girls
St. Catharine's Home, Almondsbury	1	-
Nazeing Park School	1	1
Ramsden Hall	1	-
St. Joseph's, East Finchley	-	1
Alresford Place	1	1
Chigwell Highview	1	-
Farney Close, Bolney	1	-
Whatcombe House, Somerset	1	-
Thos. More School, Frensham	2	-

NURSERY CLASSES

The demand for places in the two nursery classes, at Bournemouth Park and the Open Air School, continues to exceed the accommodation available. These classes cater for normal children, not handicapped pupils, but the criteria for admission are such that a substantial number of them are there as a result of a special recommendation on account of medical or social circumstances.

TRAINING OF DISABLED PERSONS

Reference to the classes provided at the Municipal College for adult backward readers and for the hard-of-hearing has been made in previous reports. Handicapped pupils who require additional vocational training after the age of 16 at recognised special schools or training establishments are provided with this under the Authority's scheme for further education. There are occasional circumstances in which an individual may require special placement, not of a strictly vocational nature, in order to enable him to complete his educational rehabilitation. This type of need arises more commonly in psychiatric problems than in specific physical handicaps for which, in the main, provision is already made. In September the Committee amended their scheme of Further Education so as to give greater latitude to make exceptional arrangements of this nature.

EMPLOYMENT OF SCHOOL CHILDREN

The number of children examined prior to employment out of school hours was 423, compared with 472 in the previous year. Of this total 334 were boys and 89 were girls. Grammar school pupils totalled 47 boys and 18 girls. In addition, 3 boys and 9 girls were examined for temporary theatrical licences.

YOUTH EMPLOYMENT SERVICE

The routine arrangements for scrutiny of school leaving reports, and advice where necessary, in regard to restriction of choice of employment were described last year. In the more difficult problems of severely handicapped pupils, personal consultation between the school medical officer and the youth employment officer is often helpful. Opportunities of sheltered employment within the capacity of the more severely disabled are very limited, and handicapped pupils leaving special schools are encouraged to make full use of the advice and experience available to them through the Youth Employment Service.

SCHOOL HYGIENE

This subject was dealt with in some detail last year and there is little to add. Although the population "bulge" has now moved out of the primary school age group there are still several schools making use of temporary accommodation in church halls. The programme of modernisation of toilet facilities in the older schools is not yet complete, and it is a matter for

regret that owing to the pressing need for additional teaching accommodation, work on this project has had to be delayed despite an increased financial allocation for minor capital works in the school year 1959/60.

INFECTIOUS DISEASES

There was no major outbreak of infectious disease this year, but mild scarlet fever and allied manifestations of streptococcal infection were again responsible for considerable absenteeism in the primary schools during the winter months.

Scarlet fever is the only notifiable form of streptococcal infection, with the exception of erysipelas which is now uncommon. It therefore serves as a useful guide to the prevalence of these conditions. When multiple cases of scarlet fever occur in a school, an investigation of class contacts and unexplained recent absentees often enables effective action to be taken to exclude children with clinically recognisable streptococcal lesions, who may be a source of infection.

In the report for 1954 an account was given of an outbreak of the presumed virus infection known as "epidemic nausea" or "winter vomiting". This condition has been recognised on a number of other occasions, not always as clearly defined as in the following case:-

In a primary school of three separate departments, the headmistress of the Infant Department reported that over a period of some three weeks there had been a number of children vomiting in school and a larger number who had been absent for varying periods with gastric symptoms. Information collected for the preceding two weeks indicated 28 children known to have been ill with gastric symptoms and many who had been absent for short periods for which the cause was unknown. There were 10 classes in the department, with a total of 394 children on roll. The occurrence of symptoms began in the older age groups, aged 6 - 7 years, and spread evenly throughout the school, all classes being affected. There was no evidence of an explosive outbreak and it was not confined to pupils taking school dinners. The symptoms were mainly of short duration, one or two days, but some children were absent for a week. A minority of the children had diarrhoea as well as vomiting. There was a parallel but less extensive outbreak in the Junior Girls Department, but only a few sporadic cases among the Junior Boys. This may possibly be explained by the fact that the reception class of the Infants' Department was housed in the Junior Girls building. This outbreak occurred in November and coincided with a fairly high incidence of respiratory infections.

The altered pattern of some of the common infectious diseases of childhood, notably the continued mildness of scarlet fever, and the shortened period of illness made possible by medical progress, had rendered obsolete the exclusion procedure which had been in operation since 1942. Experience had shown that the routine exclusion of contacts of scarlet fever and measles achieved very little commensurate with the loss of school time involved. A revised edition of the Ministry of Education's Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness was published in 1956 and local procedure has now been brought in line with its recommendations.

Children suffering from scarlet fever are now permitted to return to school, provided they are free from signs of infectivity, seven days after release from isolation, and the exclusion of healthy contacts has been abandoned. Similarly, children who have had measles are re-admitted ten days after the appearance of the rash, provided they have fully recovered, and only contacts under the age of five years, in nursery classes, are excluded. Head teachers are however advised to exclude promptly any contact suffering from the catarrhal symptoms suggestive of the pre-eruptive stage of measles. It is further recommended that during an epidemic of measles, children under five should not be admitted for the first time to a nursery class, unless it is quite certain that they have already had the disease.

In a memorandum notifying these modifications the following notes were appended for the guidance of head teachers:-

NOTES:

A patient who has suffered from Scarlet Fever or a home contact with this disease should not be re-admitted or allowed to continue in attendance if he is suffering from "a cold in the head", discharge from the nose or ear, sore throat or septic spots. He should be excluded and the Medical Officer of Health informed immediately.

If one member of a family has ringworm or scabies, it is highly desirable that the other members should be examined to see if they are free from contagion. If a child who has been suffering from scalp ringworm is re-admitted on the certificate of a private doctor that the child is free from contagion, notice of the child's re-admission should be sent to the Medical Officer of Health.

Intimation of the occurrence of any of these diseases among school children should be sent to the Health Offices as early as possible. This serves several useful purposes:-

- (a) Measures are taken to prevent the spread of the disease,
- (b) Errors of diagnosis on the part of parents who have not called in medical advice can be corrected.
- (c) Advice as to the care necessary in the management of children suffering from measles and whooping cough may be given to parents in cases where no medical man is in attendance.

The share of teachers in the control of infection is of primary importance, as infection is often spread in school by the attendance of children suffering from initial and unnoticed symptoms, or during the convalescent stage or throughout the course of a mild, unrecognised attack of an infectious disease. Teachers should temporarily exclude children showing any symptoms suggestive of any infectious disease until medical assurance is obtained that they may attend school without harm to themselves or danger to their fellows. The Medical Officer of Health should be informed immediately by telephone of any action taken for these reasons.

Outbreaks of unusual or multiple illness in schools.

No one is in a better position than the Headteacher to draw attention to outbreaks of this kind; information from other sources is always tardy and incomplete. Delay imposes obstacles which impede investigation and may prove insurmountable. It is essential to make a telephoned report about any illness suggestive of food poisoning immediately, because successful investigation may depend upon samples of food being available.

PROPHYLACTIC MEASURES

(a) *B.C.G. Vaccination*

The B.C.G. programme had to be suspended in the summer term owing to the priority accorded to the poliomyelitis vaccination campaign. For this reason only 665 children received B.C.G compared with 1222 in 1957. In addition 577 children were re-tested following previous B.C.G. vaccination.

Reference has been made in the section on routine medical inspection to the effect of the prolonged vacancy in the permanent medical establishment of the department. The same factor was operative here, although the temporary medical officer was employed intensively on poliomyelitis vaccination and school clinics. Even had the department been fully staffed and a temporary medical officer employed in addition, either

B.C.G. or routine medical inspection, and probably both, would have had to suffer some restriction.

Previous reports have contained accounts of tuberculin test surveys of school contacts of primary tuberculosis. This is ordinarily undertaken in two sets of circumstances, either to seek to discover the source of infection where no focus can be found among the patient's intimate associates, or to search for possible secondary cases if the first patient is regarded as having been potentially infective.

Only one such survey was carried out this year, and this was of a limited character involving 65 pupils in a girls' secondary school. The result was reassuring, as no further active infection was revealed.

(b) Poliomyelitis Vaccination

This, like B.C.G. vaccination, is a function of the local health authority and not the education authority. Nevertheless, since the medical and nursing staffs are common to both, and the majority of the beneficiaries are children, some reference to it in this report is relevant, particularly as the Education Committee has from the outset given generous support in permitting the machinery of the schools to be freely used for the distribution of publicity material and consent forms. Latterly, when supplies of vaccine permitted planning on a more comprehensive scale, vaccination sessions were conducted in the secondary schools. Altogether 23,693 persons in the priority classes received the initial course of two injections during the year, and a number of others, previously vaccinated, received a booster dose. This was a major undertaking for the staff available, and the unfailing help received from the head teachers and their staff is gratefully acknowledged.

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col.2	No.	% of Col.2
		(3)	(4)	(5)	(6)
1954 & later	54	54	100.0	-	-
1953	190	186	97.9	4	2.1
1952	492	490	99.6	2	0.4
1951	301	298	99.0	3	1.0
1950	64	63	98.4	1	1.6
1949	108	108	100.0	-	-
1948	363	361	99.4	2	0.6
1947	385	385	100.0	-	-
1946	147	147	100.0	-	-
1945	24	22	91.7	2	8.3
1944	147	147	100.0	-	-
1943 & earlier	176	176	100.0	-	-
TOTAL	2,451	2,437	99.4	14	0.6

TABLE B - PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	-	3	3
1953	1	6	7
1952	4	20	23
1951	4	17	19
1950	2	4	6
1949	2	2	3
1948	13	22	35
1947	17	31	46
1946	9	15	21
1945	2	2	4
1944	13	4	16
1943 and earlier	33	7	39
TOTAL	100	133	222

TABLE C - OTHER INSPECTIONS

Number of Special Inspections	4,401
Number of Re-inspections	4,171
Total	<u>8,572</u>

TABLE D

INFESTATION WITH VERMIN

(I) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	48,586
(II) Total number of individual pupils found to be infested	100

PART II - DEFECTS FOUND BY MEDICAL, INSPECTION DURING THE YEAR

TABLE A - Periodic Inspections
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER 1958.

PERIODIC INSPECTIONS											
Defect Code No (1)	Defect or Disease (2)	Entrants		Leavers		Others		Total			
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)	Requiring Treatment (9)	Requiring Observation (10)		
4	Skin	14	8	3	11	23	18	40	37		
5	Eyes -										
	(a) Vision	13	23	48	14	39	56	100	93		
	(b) Squint	5	13	-	-	4	18	9	31		
	(c) Other	3	-	-	-	-	-	3	-		
6	Ears -										
	(a) Hearing	2	4	1	-	1	1	4	5		
	(b) Otitis Media	-	-	1	1	2	2	3	3		
	(c) Other	-	-	1	-	1	3	2	3		
7	Nose and Throat	4	42	-	26	3	20	7	88		
8	Speech	1	7	-	-	3	-	4	7		
9	Lymphatic Glands	-	5	-	-	-	3	-	8		
10	Heart	-	3	-	1	-	1	-	5		
11	Lungs	-	17	-	1	1	26	1	44		
12	Developmental:-										
	(a) Hernia	1	2	-	-	-	1	1	3		
	(b) Other	-	5	-	2	-	21	-	28		
13	Orthopaedic:-										
	(a) Posture	-	6	-	3	-	5	-	14		
	(b) Feet	-	3	-	1	-	-	-	4		
	(c) Other	-	6	2	8	6	25	8	39		
14	Nervous system:-										
	(a) Epilepsy	-	-	-	-	-	2	-	2		
	(b) Other	-	3	-	1	2	11	2	15		
15	Psychological:-										
	(a) Development	-	9	-	-	-	-	-	9		
	(b) Stability	-	5	-	-	3	13	3	18		
16	Abdomen	-	1	-	-	1	3	1	4		
17	Other	31	23	3	8	17	16	51	47		

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	241	20
5	Eyes - (a) Vision... ..	461	21
	(b) Squint... ..	9	1
	(c) Other	59	8
6	Ears - (a) Hearing	24	6
	(b) Otitis Media	16	3
	(c) Other	45	3
7	Nose and Throat	67	15
8	Speech	6	2
9	Lymphatic Glands	4	1
10	Heart	1	-
11	Lungs	21	5
12	Developmental:-		
	(a) Hernia... ..	1	1
	(b) Other	-	-
13	Orthopaedic:-		
	(a) Posture	1	-
	(b) Feet	31	9
	(c) Other	56	7
14	Nervous system:-		
	(a) Epilepsy	2	1
	(b) Other	53	8
15	Psychological:-		
	(a) Development	8	-
	(b) Stability	371	-
16	Abdomen	7	2
17	Other	768	155

- PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING)
NURSERY AND SPECIAL SCHOOLS)

TABLE A. - EYE DISEASE, DEFECTIVE VISION AND SQUINT

*Number of cases known to have been
dealt with*

External and other, excluding errors of refraction and squint	210
Errors of refraction (including squint)	<u>434</u>
Total	<u>644</u>

Number of pupils for whom spectacles were prescribed	242
--	-----

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

*Number of cases known to have been
dealt with*

Received operative treatment	
(a) for diseases of the ear	14
(b) for adenoids and chronic tonsillitis	427
(c) for other nose and throat conditions	18
Received other forms of treatment	<u>160</u>
Total	<u>619</u>

Total number of pupils in school
who are known to have been
provided with hearing aids.

(a) in 1958	6
(b) in previous years	24

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

*Number of cases known to have been
treated*

(a) Pupils treated at clinics or out- patients departments	396
(b) Treated at school for postural defects	-

TABLE D - DISEASES OF THE SKIN (excluding uncleanliness
for which see Table D of Part I)

*Number of cases known to have been
treated.*

Ringworm - (a) Scalp	-
(b) Body	1
Scabies	3
Impetigo	17
Other skin diseases	391
Total	<u>412</u>

TABLE E - CHILD GUIDANCE TREATMENT

*Number of cases known to have been
treated.*

Pupils treated at Child Guidance Clinics.	364
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TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapist	140
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TABLE G. - OTHER TREATMENT GIVEN

*Number of cases known to have been
dealt with*

(a) Pupils with minor ailments	2385
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	665
(d) Tuberculin Survey (other than for B.C.G.)	65
(e) Physiotherapy	36
(f) Orthoptic Clinic	151
Total	<u>3,307</u>

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the
Authority's Dental Officers:-

(a) At Periodic Inspections	...	3,428
(b) As Specials	...	<u>1,974</u>
(c) TOTAL	...	<u>5,402</u>

(2) Number found to require treatment	3,423
(3) Number offered treatment	3,377
(4) Number actually treated	2,994
(5) Number of attendances made by pupils for treatment including those recorded at 11 (h) below	5,237
(6) Half days devoted to:-	
(a) Periodic (School) Inspection	22
(b) Treatment	412
	<hr/>
Total	434
(7) Fillings:-	
Permanent teeth	1,557
Temporary teeth	29
	<hr/>
Total	1,586
(8) Number of teeth filled:-	
Permanent teeth	1,456
Temporary teeth	29
	<hr/>
Total	1,485
(9) Extractions:-	
Permanent teeth	974
Temporary teeth	4,979
	<hr/>
Total	5,953
(10) Administration of general anaesthetics for extraction	2,935
(11) Orthodontics:-	
(a) Cases commenced during the year	105
(b) Cases carried forward from previous year	36
(c) Cases completed during the year	33
(d) Cases discontinued during the year	22
(e) Pupils treated with appliances	105
(f) Removable appliances fitted	110
(g) Fixed appliances fitted	-
(h) Total attendances	1,194
(12) Number of pupils supplied with artificial teeth	15
(13) Other operations:-	
(a) Permanent Teeth	242
(b) Temporary Teeth	-
	<hr/>
Total	242

